THE LANCET.

LECTURES

ON THE

ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

By MR. LAWRENCE.

London Ophthalmic Infirmary, Moorfields.

LECTURE V.

Of Inflammation; of the Classification of Ophthalmic Diseases; of Inflammation affecting the whole globe of the Eye.

Gentlemen,

The eye and its appendages are highly organized parts, very delicate and vascular, and copiously supplied with nerves. They exhibit also, within a very small compass, a great variety of textures. We find, in the visual apparatus, specimens of each of the three divisions of membranes, the mucous, the fibrous, and the serous; the conjunctiva, the sclerotica, with the cornea, and the surfaces containing the aqueous humour, corresponding respectively to each of those classes. It contains also nervous, muscular, and glandular parts; and, besides these, several tissues of peculiar structure, to which there is nothing analogous in other parts of the body, as the iris, the ciliary body, the choroid coat, and the transparent media. Each of the latter has its own characteristic structure; the cornea, the crystalline lens, the capsule of the lens, and the vitreous humour, resemble each other only in being transparent.

By the nature of its organisation, by its office and its situation, the visual apparatus is exposed to numerous external influences and internal sources of disease. The aid of this sense is wanted on every occasion; hence the organ is incessantly exercised during our waking hours. It is excessively exerted by a numerous class of society, especially those who are engaged in the mechanical occupations requiring close attention. The situation of the eye lays it open, not only to accidental injury, but to various external influences, while its position, and the source of its vascular supply, make it participate in the determinations of blood to the head.

Again, the eye is a part of the external surface of the body, connected with the integuments through the medium of the conjunctiva, and hence participating in the various diseases which affect the skin; not only in the acute diseases, such as small pox, scarlet fever, and measles, but also in the more chronic affections.

As the component parts of the eye are so numerous and so diversified in structure, as all these are subject to the same diseases and consequent changes which are incident to analogous structures in other parts, and as this delicate and complex organisation is exposed to numerous and powerful causes of disturbance, we can understand how it happens that there are so many distinguishable forms of ophthalmic disease. If each of these should be designated by a particular name, the catalogue will be a very long one. I shall rather consider these forms as various modifications and results of one and the same affection, namely, inflammation.—Dr. Rowley has published a book, entitled, "A Description of 118 of the principal Diseases of the Eye," and perhaps it might be possible to collect a still larger catalogue. We should, however, approach nearer to the truth, if we were to admit only of one disease—of inflammation.

The question then will occur, what is inflammation? There ought to be no difficulty in giving an answer. We are continually talking of inflammation; almost constantly occupied in observing and treating what we call inflammations. The existence of this morbid affection is daily more and more generally recognised as the source of disease, and it seems likely, ultimately, to spread itself over the whole field of nosology. The attention of physicians and surgeons has been very much turned towards it; it has been carefully investigated, and numerous books have

been written upon it, but it has not yet been clearly or sufficiently explained. If you should ask a surgeon, or look into a book for an explanation, you would learn that inflammation consists in an assemblage of four alterations in a part, namely, swelling, redness, heat, and pain. The word inflammation, which is popular, denotes the most striking character of external inflammations, viz. the increased heat of the part. The other items in the nosological description are drawn from the same source, and by no means derived from a general survey of the process as it occurs in all structures. The description is not applicable to the eye; some of its textures may be inflamed without exhibiting all these changes. In some inflammations of the cornea, of the iris, and of the crystalline capsule, there is no visible swelling—no redness, nor can we trace the existence of heat or pain. If we admit, however, that inflammation is generally characterised by the assemblage of these four circumstances, still they are only to be regarded as its symptoms—as the external signs of that alteration in the part which constitutes the inflammatory condition. We want to know what internal change causes these four external signs. This, I believe, is not yet known. We know something of particular inflammations, as of the cellular membrane, muscle, or skin, because we can observe their progress and examine the parts affected; but when we attempt to explain the nature of inflammation generally, we are investigating an abstract term. Inflammation, in this point of view, is a creation of the mind; it does not convey any sensible ideas; its acceptation cannot be defined or limited by reference to nature, our only safe guide. Perhaps the most general idea which we can form of inflammation, is that of increased activity in the capillary circulation of a part, whether evidenced by increased size of vessels and redness, or by deposition of new matter and consequent visible changes, such as thickening or opacity. But this general notion is not worth much; the inflammatory process is not merely increased activity, there is an alteration in the nature and result of the exertion.

The agents of inflammation then, are the capillary vessels, which carry on the active business of the animal economy, performing the various processes of nutrition, growth, secretion, and excretion. We do not yet know the differences of arrangement or action which lead to the various results of vascular exertion; we cannot tell how it is that the capillaries of one part deposit bone, those of another muscle, of a third membrane; how some secrete blood, others urine or semen and so on. As we know nothing of the causes which produce these striking differences, it is not surprising that the intimate nature of the process called inflammation should still be a mystery to us. Those who have investigated the subject experimentally, have arrived at such different conclusions in the results which they pretend to draw from actual observation of the living process, that we cannot place much reliance on such inquiries. Some see in inflammation, an increased flow of blood to the part; others think they observe obstruction and diminished afflux. That there is increased activity of the capillaries has been generally believed, yet an elaborate attempt has been made to show that these parts are in a state of debility, and that they do not exert themselves as much as in the natural condition. These circumstances are sufficient to show that the real nature of inflammation is still unknown.

It is not always one and the same process; if it were, pathology and treatment would be very simple. The phenomena which it exhibits vary very considerably. In the first place the character of the inflammatory disturbance may be more or less strongly marked, and its progress more or less rapid. This distinction is denoted by the terms acute or violent, and chronic, languid, or indolent inflammation. These words indicate a difference of more or less, or in the duration or stage of the inflammation. It is a difference in degree, and not in kind; in fact, you may have every gradation of the affection, from that in which you barely recognise the existence of increased action, up to the violent unnatural exertion in which all the ordinary functions are perverted or suspended, and even the very structure changed or destroyed. These diversities are only generally pointed out by the terms acute and chronic; the shades of difference between these two extremes are endless. Some persons are of opinion that there is a difference not only in degree, but in kind between acute and chronic inflammation. They admit preternatural excitement, and consequently increased exertion, as the foundation of acute inflammation; but they suppose chronic inflammation to be the result of an opposite condition, that is of debility. Thus we read and hear of active and passive, sthenic and asthenic inflammation. For my own part, I consider the phrase "passive inflammation" to be a contradiction in terms; and if inflammation be an increased activity of the capillary vessels, any theory

which refers it to debility must be erroneous. It is true that inflammation may occur in weak as well as in strong and healthy states of body; and the phenomena of the local disturbance, as well as the effects it produces on the system, will differ very materially in the two instances. The essential nature, however, seems to be the same in both cases; for, if we look to inflammation occurring even in the weakest states of the system, we still find the local changes and results which under other circumstances we refer without hesitation to increased activity. This may be observed even in the last stage of typhus fever, when the patient is reduced to the lowest state of debility. The terms active and passive, sthenic and asthenic inflammation, therefore, appear to me to convey either no clear meaning, or one which is founded on an erroneous view of the subject. The same observation is still more justly applicable to the terms arterial and venous inflammation; for how can we tell whether the arteries or the veins are exclusively affected? Is the distinction even practicable? If we trace the vessels of a part, we soon come to the point at which we can no longer distinguish between arteries and veins; we find a minute network of vascular ramifications, which cannot be unravelled or distinguished.

That the state of the constitution should modify inflammation, is a circumstance which might be expected. When it occurs in a healthy individual, it is called common inflammation; the terms true, proper, simple, idiopathic inflammation, are used in the same sense. If the patient be young, strong, and of a full habit, the inflammation will be acute, active, or phlegmonous, in its character. The terms sympathetic, specific, spurious, mixed, are applied to those modifications of inflammation which appear in various states of constitution, more or less differing from the healthy condition. A peculiar character will be given to the inflammatory process by certain differences of organization, or natural defects of constitution, such as the scrofulous; by certain acquired or morbid conditions, as in gout or rheumatism, and by certain states of constitution, resulting from morbid poison, such as in syphilis. Under these various conditions, the appearances of inflammation will differ very much from those which it exhibits in persons of good natural constitution, and in sound health.

Inflammation is also modified by many other circumstances which influence the body more or less powerfully; such as sex, age, temperament, habits of diet, and others; season, states of the atmosphere, and of the weather; all those causes which produce endemic and epidemic diseases.

A most important source of difference in the character of inflammation, is difference of structure in the part affected; in this respect, each structure has a sort of characteristic inflammation peculiar to itself. The inflammation of a membrane, for instance, differs very much from that of a muscle; and both differ from that of the skin.

A consideration of the numerous distinct component structures of the eye, of the several circumstances which may modify the inflammatory process in those structures, and of the varied results to which it may tend, will enable you to account for the long catalogue of ophthalmic nosology. If the enumeration of so many diseases should tend to alarm you, and induce you to suppose that there is something extremely intricate and complicated in the subject, you may re-assure yourselves, by reflecting that these various affections may, for the most part, be referred to a common origin, and partake of a common nature; and that as they are all the offspring of inflammation, so the treatment of them is, in essential circumstances, similar. In fact, the more attentively we observe the phenomena of disease, and consider the effects of remedies, the more we are led to adopt uniformity and simplicity of treatment, and the less confidence are we inclined to place in complicated plans, or great diversity of remedial means.

The arrangement of the diseases of the eye adopted by Beer in his large work, is a simple one. He treats, in the first place, of inflammation, and then of the consequences of inflammation. However, we cannot refer all the affections of the eye to one or the other of these heads; and indeed Beer is obliged to adopt a third division, a sort of catalogue of undefined affections, which do not come under either of the preceding divisions. As we do not know the exact nature of the inflammatory process, as the pathology of some parts of the eye is yet in an imperfect state, and as we have seldom an opportunity of examining the results of ophthalmic diseases after death, we are unable to present a classification or arrangement of those diseases founded on clear and unequivocal principles, and in all respects satisfactory. If it were required to give an arrangement of all diseases and defects of the eye, that is, of all those matters upon which our professional opinion may be required, I should be inclined to adopt a greater number of divisions than Beer has done

The inflammations would occupy the first division, and they might be conveniently arranged, according to their seat, into those of the orbit, globe, and lids; those of the globe being subdivided into the internal and external. This head would of itself embrace a long catalogue of diseases. Secondly, I should speak of the consequences and concomitants of inflammation, as they appear in the individual parts of the apparatus; thirdly, of tumours in the lids, in the globe, and in the orbit; fourthly, of malignant affections of the globe, such as scirrhus, cancer, fungus hæmatodes, melanosis; fifthly, of affections not referrible to inflammation; and the sixth head might comprise congenital peculiarities or defects. Under these six heads, we might conveniently enough arrange every thing which can be the subject of professional consideration respecting the eye.

Inflammation of the eye has hitherto, and especially in this country, been treated of in too general a point of view; it has been described and spoken of too much under the single head of ophthalmia. The late Mr. Ware, in his Treatise on "*The Ophthalmy*," as he calls it, includes all inflammations of the eye under this head, and the same arrangement, if it can be so termed, has been followed by Scarpa. The word ophthalmia is a very general and comprehensive one; according to its etymological import, it would embrace all inflammations of the organ; now it is evidently impossible to reduce into one description the characters of the various inflammations affecting the several structures of the eye. Many of these have but few points of resemblance. What similarity of character can we trace between inflammation of the conjunctiva, cornea, iris, retina? Inflammation of the external tunics differs widely from that of the internal. Hence the attempt to embrace all these affections under one general head of description, instead of elucidating the subject, can only lead to obscurity and confusion. The general descriptions of ophthalmia are usually applicable only to external inflammation of the eye, while the other forms of the affection are entirely neglected. The whole globe of the eye may be at once inflamed, but this is not a very common occurrence. In general you will find inflammation of the globe to be either external or internal, and very commonly only one of the external or internal tunics is the seat of inflammation at a time.

Ophthalmic inflammation might be classed either according to the structure in which it is seated, or according to our ideas of the nature of the inflammation itself. In the latter case it is divided into idiopathic or common, and sympathetic or specific. I prefer, however, the arrangement according to its seat; it is the most simple, and least liable to controversy or mistake.

In considering inflammation of the eye, you should bear in mind that it is usually limited in its origin, and that it becomes more general in its progress. It generally commences in one structure, is confined at first to that structure, and does not extend beyond it, if judiciously treated. But if it is not attended to in the outset, if suitable means are not adopted to check its progress, it very readily extends beyond the original seat of disease, and perhaps ultimately embraces the whole of the organ. Mr. Wardrop, in his Essays on the Morbid Anatomy of the Eye, takes up each particular structure, and gives an account of the changes which may be observed in it. This course of proceeding is very proper in a work illustrating the morbid anatomy of the organ, but it is not so applicable to our present purpose of considering the nature and treatment of the diseases to which it is subject; with this view, instead of insulating the affections and changes incidental to each tissue, it is better to turn our attention to those aggregates of phenomena, which most commonly appear in practice. Neither do I mean to adhere to the arrangement which I have previously mentioned, finding it most convenient to begin by describing the strongly marked inflammations of the eye, and particularly the external, because the consideration of these will show the effects which inflammation is capable of producing in the organ, and will give me the opportunity of laying down the general principles by which its treatment should be regulated. But though I do not adopt the order which I have suggested as convenient in a nosological catalogue of ophthalmic diseases, I propose to speak of all the particulars comprised under those six heads in the present course of Lectures.

I shall first speak of inflammation affecting the whole eye-ball; of common inflammation seated both in the external and internal structures. This affection, which is by no means of common occurrence, is called by Beer *Ophthalmitis idiopathica*. Some very serious exciting cause is required to produce this affection, and it occurs chiefly in robust individuals of full habit. When this general inflammation of the globe is fully developed, it is characterised by very considerable pain, increased external redness, more

or less external swelling of the part, by increased lachrymal discharge, and by redness and swelling of the upper lid. The pain is always a very leading symptom, and one to which the patient immediately adverts, and which attracts the attention of the practitioner. It is exceedingly severe, and is described sometimes as acute, sometimes as of a dull aching kind, and sometimes as conveying a sense of throbbing and burning. Very commonly the patient mentions that he feels the eye particularly tight, as if it were too large for the orbit, and about to burst from it. The pain is by no means confined to the anterior part of the organ, but is deep-seated and extends to the surrounding parts, as the brow, cheek, temple, and back of the head. The redness is inconsiderable at the commencement; but it gradually increases, and ultimately the surface of the eye assumes a bright red colour like that of scarlet cloth. The vessels of the sclerotica first become the seat of congestion, and the redness observable in an early stage of the disease is seated in the sclerotic coat. The conjunctiva soon participates in the vascular congestion, and the distension of its vessels produces the bright scarlet redness, which conceals the fainter pink tint of the sclerotica. The conjunctiva then begins to swell, and a deposition takes place not only into the texture of the membrane, but into the loose cellular tissue, which unites it to the sclerotica. Hence the conjunctiva is elevated on the surface of the sclerotica, above the level of the cornea, the edge of which it often overlaps so as to hide a considerable portion of it from view. This bright scarlet elevated ridge of conjunctiva, projecting beyond, and surrounding the cornea, firm, of considerable breadth and acutely sensible, is technically called *chemosis*. In the affection which I am now describing, it may be termed *true inflammatory chemosis*.

The deposition of lymph from the vessels of the inflamed conjunctiva into the subjacent cellular tissue, occasioning this swelling, is similar to that which takes place in external inflammation, of acute character. The tumid state of the conjunctiva is not owing to the effusion of blood into the cellular texture, as Scarpa very unaccountably supposes, when he confounds the inflammatory symptom called chemosis with ecchymosis. He has, upon this erroneous supposition, proposed the making of incisions through the tumefaction to allow the escape of effused blood. You will find in some treatises a distinct chapter upon chemosis, as if it were a particular disease of the eye; it is merely a form of external inflammation.

The access of light is very offensive to the patient in general inflammation of the globe of the eye; the pupil contracts to exclude it, and the palpebræ are spasmodically closed. The motions of the eye and lids are put a stop to, the whole external surface becomes exquisitely sensible, and as the slightest attempt to exert the organ occasions great pain, the patient keeps it as completely as possible at rest. The surface of the organ, at the commencement of the affection, is rather stiff and dry, but this dryness goes off, and is succeeded by a copious lachrymal discharge, which is increased if the eye is exposed to the light or any external irritation. The eyelids, particularly the upper, are red, especially at their ciliary edges, and more or less swoln.

Such are the circumstances which characterise inflammation of the whole globe in its first stage; as it proceeds to the second period, we begin to see various alterations of structure. The iris becomes changed in colour, loses its brilliancy, and no longer exhibits the usual motions on varying the quantity of light to which it is exposed. The pupil contracts, and loses its clear black-colour. The nature of these changes will be better understood afterwards, when I come to the subject of internal inflammation. The cornea loses its transparency, becomes more or less opaque, and vision is lost. The alteration in the cornea, and in the state of the pupil, would account for imperfection or loss of sight, but the latter often occurs while the cornea is sufficiently clear for the transmission of light, and the pupil is still open, in consequence of the violent inflammatory disturbance and consequent change of structure in the retina. The patient still sees, or fancies he sees, luminous sparks and flashes of fire before his eyes, when there is no light in the chamber, or during the night, in consequence of the disturbed state of the retinal circulation.

As the inflammation continues, the globe swells, and the sense of its being too large for the bony cavity in which it is contained is not very erroneous. We cannot say positively that all the internal tunics of the eye are in a state of inflammation, because we cannot see them; but, when we find that the globe is actually increased in size, that the iris is changed in structure, and that the retina has lost its sensibility, there is little reason to doubt that the internal parts of the eye generally are inflamed. From the combined internal and external swelling, the globe of the eye is actually mechani-

cally fixed in the anterior aperture of the orbit, and rendered motionless. The tumid palpebræ are protruded; ectropium of the lower lid takes place, and a portion of the anterior surface of the eye projects externally in a denuded state, like a piece of red flesh.

The mucous membrane of the lids becomes the seat of inflammation equally violent with that in the conjunctiva of the globe; effusion takes place into the cellular texture of the lid generally; the external integument becomes red, as well as the mucous lining, and the consequent swelling forms a large convex protuberance on the upper lid.

In a local disease of such violence, affecting a very vascular and sensible organ, situated in the immediate vicinity of the sensorium, marked constitutional sympathy may be expected, and accordingly we find inflammatory fever of a decided character from the commencement of the affection. There is a quick, hard, and full pulse; flushed face, and pain of the head; a dry and hot skin, a white and rather dry state of the tongue, deficiency of appetite, restlessness, and generally want of sleep at night.

If the disorder is not checked, the local pain, and the feverish state of the constitution, proceed to a great height. Under such an aggravation of the local and general symptoms, the pain changes in character, it becomes throbbing; rigors are felt, and suppuration of the globe takes place; the cornea turns of a dull white and then yellow, and the globe is ultimately converted into an abscess. The occurrence of suppuration does not produce the relief usually experienced from that change, in consequence of the firm, unyielding nature of the sclerotica and cornea; the pain, together with the sense of bursting and throbbing, continues for some days, until the cornea bursts externally and gives an exit to the matter contained in the interior of the eye. The patient then experiences relief; matter is discharged for a time; the tunics of the eye collapse into a small space, shrink into the orbit, and the original form of the organ is completely lost. The vitreous and crystalline humour of the eye generally escape when the bursting of the globe first gives an exit to the confined matter. Such is the termination of this affection in its worst form; when it does not proceed so far, and when its progress has been checked by treatment, the cornea becomes opaque, and remains so; the pupil is either closed, or very much contracted, and the aperture filled by a newly-formed adventitious substance, the consequence of effusion into the opening during the inflammatory stage, and the subsequent organisation of the effused matter. In this case vision is generally either completely or in a great degree lost, but the form of the eye remains. The most favourable termination that can be expected is the recovery of the organ, with the cornea clear and the pupil open; still, in this case, the retina has generally suffered so much as to produce greater or less imperfection of vision.

The affection which I have now described may be considered as common, true or proper inflammation, seated in the whole structure of the eyeball; for the circumstances which I have enumerated sufficiently prove that all the component parts are inflamed. As I have not yet described any other affection, it would be premature to speak much of the distinction between this and other inflammations. I shall only observe, therefore, that the present inflammation is characterized by its commencing at one and the same time in the external and internal tunics of the eye. Internal inflammation may spread to the external coats, or external inflammation may extend inwards: but, in this affection, both sets of parts are inflamed at the same time. It is characterized by the uniformity and correspondence, in degree, between the various symptoms; viz. the redness, the pain, the increased lachrymal discharge, and the tumefaction, by the regularity of its course, beginning in a moderate degree, gradually increasing and proceeding without any interruption or remission to its full development, and by the severity of the constitutional disturbance which accompanies it.

Prognosis.—If the affection be seen early, and actively treated, you may expect to arrest it, and to prevent change of structure in the organ, and consequent injury or loss of sight. But, if you find the inflammation fully developed, even in a comparatively early stage, you will hardly succeed in controlling it, so as to preserve the powers of the organ unimpaired. When the chemosis is actually established, when the cornea has become clouded, when the colour of the iris is changed, and the pupil contracted, you may be very certain that the patient will lose his sight. The principal points for your consideration are the degree of the internal inflammation, and the effect which it may have had in changing the structure of the internal tunics. The condition of the iris and pupil, and the state of the retina, are the criteria by which your opinion must be regulated.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

By DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

Lecture V.

The Power of Growth.

Gentlemen,

I shall now speak of the sixth property that characterizes life in general, namely, the *power of growth* or increase, in living beings.

This property belongs to all living beings; but it is only manifested at certain times, and unequally at different periods of life. Generally speaking, growth takes place most rapidly at the early periods of life. It may, however, be promoted or retarded by many different circumstances. Growth is the result of the involuntary movements already described; but how effected, precisely, we know not. It is one of those processes which escape our observation, from the minuteness of the parts concerned; and if it could be comprehended in other respects, it could never become a matter of demonstration.

In animals, the blood vessels are the efficient agents upon which it depends; and there is, probably, a corresponding structure in vegetables. Growth appears to be effected by the deposition of new matter in the interstices of the subject, and not by external apposition merely, for this would increase the bulk, without preserving the regular proportions between the different parts. Living beings do not grow in the way that inanimate bodies undergo increase, namely, by deposition on their surface, as we see in incrustations on bodies that lie for a time in certain petrifying waters. This increase is totally different from living growth. There is this remarkable difference between the two—that while the general bulk of living beings is increased, the relative proportions are still preserved. This could not be effected, but by the removal of certain parts, otherwise the relative proportions could not be maintained. Thus, for instance, the rounded heads of the long bones of animals become placed at a greater distance from each other, as they increase in size. And the cavities containing the marrow also become enlarged. This could not take place by the apposition of new matter to any part of the bone, for in that case the bone would become mis-shapen. To preserve the figure and proportions, there must be a removal of some parts, while others are added.

Living beings have the power of converting dead matter into their own substance, and whatever is so capable of conversion is termed food. It may be animal or vegetable matter deprived of life, that thus acts as food; or it may be matter of a still more simple and elementary nature, as air and water. Thus some plants, and even some animals, appear to live on air and water, or what these accidentally contain, converting them into their own substance. Animals, on the contrary, in general require food of a more compounded nature, and which has already undergone elaboration, such as vegetable food; while many animals derive their nourishment from animal substance alone. Plants appear to have the power of preparing simple elementary matter, so as to fit it for forming the food of higher classes of beings; and though many animals derive their nourishment from animal substance, that substance is formed out of the more simple elements, till at length we arrive at air and water. There is a limit to the process of growth in all living beings, by which further increase is prevented. This limit is occasioned partly, if not principally, by a gradual change in the organization. The body becomes less and less flexible, or more rigid in its texture. Many vessels become impervious, and in all respects less fit mechanically for the performance of the various functions. The body, after a time, ceases to grow, remains stationary for a period, and afterwards shrinks and decreases in bulk, as seen in old persons. There is no doubt, likewise, that the vital properties become impaired, as well as the organization; so that at length, life of necessity ceases, or, as we express it, death takes place, an event that is thus seen to be inevitable.

The natural duration of life is very different in different beings. It may not exceed a single day, as in innumerable animalculæ; or it may be extended to a thousand years, as in the oak. It may be shortened by disease or accident. This, indeed, is generally the case; few, if any, dying a natural death, i. e. literally of old age. Disease takes place in some form, and cuts short the thread of life.

The matter of which living beings are composed, is in continual change. Particles are worn off from the solids by constant attrition, and the fluids are con-

stantly undergoing decomposition, which renders them unfit for the purposes of life. This renders a continual supply of new matter, or food, necessary. Hence it is calculated, that in a number of years scarcely a particle of the body remains; yet the identity is preserved, and we are unconscious of the change.

Of the Re-production of Living Beings.

From the natural and inevitable tendency to death that characterizes all living beings, the different races would soon become extinct were there not a power of reproduction, by which, though the individuals perish, the species is preserved. This is variously effected in different beings; thus plants are perpetuated by buds, or bulbs, springing from them, by cuttings or by seeds. Some animals also, when cut in pieces, may be multiplied, as the *polypus* and *earthworm;* but in general animals are propagated by ova, or eggs, which may be considered as analogus with the seeds of plants. The new being, formed in one or other of these ways, always makes a part of the being from which it is to be detached, and is endowed with the vital principle before it is separated from the parent stock. Thus every living being has made a part of some other; life being derived from life alone. There is no reason to believe in the existence of spontaneous, or, as it is called, equivocal generation.

These are subjects which I purposely touch but briefly. To follow them out in detail would carry us much too far; our object being, after all, to bring the human life more under our control. It is the human body in which we are principally concerned, and which we are now more particularly to advert to, in order that we may be the better able to regulate its movements when they happen to be deranged.

Of the Human Economy.

I have before observed, that the human body may be considered as a very complicated machine, made up of many various parts, each differently constructed from the rest and possessed of a different kind of feeling and manner of acting. The different parts of the human machine are called *organs*, and the whole taken together we call the *system*. These various organs, though widely different in appearance and in function, are all principally formed of the same simple or component parts. I have before mentioned, that if the texture of any one of these organs be unravelled, we shall find them all resolvable into blood-vessels, absorbing vessels, and nerves, variously arranged and in various proportions, all connected together and enveloped by cellular membrane. Thus the body may be divided into the *simple*, or component parts, and the *compound* organs made up of these. In many parts a distinct *fibrous* structure is also found, contractile, and by the contraction of which the various movements of the body are effected; these are termed muscular parts, and they not only constitute the chief part of the great masses of red flesh, commonly termed the voluntary muscles, but are found, likewise, in the structure of blood vessels, absorbents, the intestinal canal, and most other passages of the body. I am aware that the muscularity of blood vessels has been called in question, and that too by men of great eminence; but I think we have sufficient evidence to warrant our concluding that they are muscular. It is nothing to say that fibres cannot be in every instance seen; if we find blood-vessels acting like muscular parts, and doing all the muscular parts are capable of doing, we have a right to conclude that such action must result from the same kind of structure which performs motion elsewhere.

Classification of Organs.

There is such a connexion and dependence of one part upon another, mutually and reciprocally, that it is difficult to know were to begin in our description of the human machine. The different organs of the body have been compared to the links of a circular chain, in which there is neither beginning nor end, so that we might set out from any one of these links, it being indifferent where we begin, since the one leads to the other. It is first, however, to be observed, that the different organs may be conveniently thrown into groups or classes, as many of them concur in performing one and the same function; for example, there are several organs engaged in the circulation of the blood, several others upon which respiration depends, and a still greater number are devoted to the purpose of supplying the system with new matter. Where parts are accustomed to act together there is a connexion and dependence between them, and which extends even to their diseases; and it is on this account that certain diseases are much better understood when taken in connexion with each other than when considered singly. These constitute the natural classes of disease, as will be hereafter explained. The way in which diseases can be made most intelligible, is by grouping together those organs which are accustomed to act together; and thus

we shall find it convenient to establish a class of diseases of the respiratory organs, another of the circulatory organs, one of the organs of supply, and so on; by this means we bring under a few general heads all the diseases to which the different organs are liable. It is a matter of inferior moment, in describing these organs, or their diseases, with which class we commence; it is, however, best to take them, as much as possible, in the order of cause and effect, and which has, at the same time, the greatest bearing upon practice; and in this respect the sanguiferous system unquestionably deserves the priority, for almost all the great and dangerous diseases are affections of this system; as for example, inflammation, which is by far the most frequent and at the same time the most formidable of all diseases. We may begin, therefore, with this, under the title of the *circulatory system*, or organs which distribute the blood from the heart to every part of the body, and afterwards return it back again to the heart. Another reason for beginning with these parts is, that we really understand their functions better than those of most others. The circulatory system consists of the heart, arteries, and veins. To these naturally follow, as proceeding from the blood vessels, and as appendages, the *organs of secretion*, the office of which is to form from the blood, by the peculiar but unintelligible action of those organs, a variety of matters, commonly in the fluid state, intended to answer a variety of purposes in the system, or else to be carried out of it, as superfluous and noxious. Circulation merely, gives a very indistinct notion of the action of this part of the system. Secretion is not merely the separation of the parts of the blood, because the secreted fluids are not contained in the blood; they are new productions formed by the action of the secretory organs, for instance, bile and urine are secretions, but neither of them is contained in the blood.

Of the different secretions, some take place more immediately from the general vascular system, as—

1. That which takes from the external surface of the body, in the way of exhalation, and which, generally speaking, is insensible, and has hence been called the *insensible perspiration*. This is constantly taking place to a large amount; it may be made visible by holding up a portion of the skin against a whited wall, on which the sun is shining; the exhalation will then be perceived by the shadow which it forms on the wall; it has been proved to amount to many pounds weight in 24 hours. From the air passages also, there is an abundant exhalation of the same nature, as is proved by the moist state of the breath, from which a great quantity of moisture may be collected.

The second variety of secretion is that which takes place on the *mucous membrane* lining the different canals, the outlets and inlets of the body, as the air passages, alimentary canal, urinary passages, and others.

The third kind of secretion is that which takes place into the close cavities of the body, as, for example, those of the brain, chest, and abdomen. That secretion is constantly going on in these parts is easily proved; if the abdomen, for instance, be laid open, and any of the surfaces brought into view, however they are made dry by wiping, they become immediately moist again. This kind of secretion takes place also into the minute cells and interstices of the cellular or connecting medium, not simply that which is situated immediately under the skin, but that which connects all parts, even the fibres of muscles, together. The fluid thrown out here is very similar in nature to the serum of the blood, and the structure which furnishes it is called accordingly serous membrane.

4th. The secretion, which consists in the deposition of new matter, to supply the continual waste of the body, and by which also the growth is affected. We must consider this as a kind of secretion, not more difficult to comprehend than any of the others. Other secretions are performed by distinct organs, many of them of considerable size; as the liver, the pancreas, the kidneys, &c.

The third class of organs constitutes what may be termed the *nutritive system*. In order to supply the continual waste of the matter of the body, both solids and fluids, that is during the actions of life, taking place by friction, attrition and chemical changes, a constant addition of new matter becomes necessary. In the human subject, as well as in many other animals, a great number of organs are devoted to this purpose; as the tongue an organ of taste, to distinguish the properties of bodies, and their fitness, to which also *smelling* contributes; the teeth, for the mastication of the food; the salivary glands for diluting it; the fauces and œsophagus, or channels of conveyance into the general receptacle or stomach, where the most important changes begin. The stomach is the part most universally found in animals. Many are without heart, lungs or brain, but none without a receptacle for food: and some may be said to consist of nothing else. Mr. Hun-

ter considers this organ as the fundamental part of animals, and all the rest as mere appendages to this. Here it is that *common* matter undergoes the first changes toward its conversion into *living* matter. Besides the saliva, and the fluids which the stomach itself may furnish toward digestion, others appear necessary; and some important organs are destined to the office, as the liver and its appendages; the pancreas, and the spleen.

By the joint action of these organs, and the fluids which they furnish, the food is converted into a matter fit for nutrition; this fluid is gradually drunk up or absorbed, by a particular set of vessels called the lacteal absorbents, and by them carried into the large veins near the heart, where it becomes mixed with the general mass of blood.

There is another branch of the absorbent system, destined to take up matter and convey it into the blood. I here allude to those vessels called lymphatic absorbents, which are distributed throughout the body, terminating or rather beginning, by open mouths on every surface, internal as well as external, and in every interstice of the body, following the distribution of the bloodvessels; so that in all probability, wherever a branch of one is to be found, there a corresponding branch of the other exists also. These have been termed *lymphatics*, from their transparency, and also from their generally carrying a colourless fluid; as on the other hand, those absorbents which open upon the internal surface of the alimentary canal have been denominated *lacteals*, on account of their carrying a milk-like fluid called chyle. Both these sets of vessels, however, agree precisely in their structure and mode of acting. They are not mere passive tubes of conveyance, but, like bloodvessels, endued with a spontaneous power of acting. They seem even to possess an elective power, by which according to the nature of substances presented to them, they admit some and reject others; sometimes they are quiescent, as in dropsies, their mouths being often immersed for months together in the fluid without taking it up; then, all at once, acting, and absorbing the whole. They may be made to act with greater energy by friction and by various stimulants, as by mercury; and likewise for the benefit of the system indirectly, as when fluid is carried out in large quantity. The lymphatic vessels are necessary in order to guard against the accumulation of the exhaled fluids. It is plain, that as exhalation is constantly going on, if there were not an apparatus for the removal of the fluid, accumulation must necessarily take place. Now, the lymphatics remove the fluid which the exhalants have deposited. The two sets of vessels in general correspond in their action; but if, from any cause, the balance between the two is lost, either emaciation or dropsy follows, according to the side in which the excess of action takes place.

REVIEW.

Medical Researches on the effects of Iodine in Bronchocele, Paralysis, Chorea, Scrofula, Fistula Lachrymalis, Deafness, Dysphagia, White Swelling, and Distortions of the Spine. By ALEXANDER MANSON, M. D., Physician to the General Hospital, and St. Mary's Hospital and Dispensary, Nottingham. 1825. 8vo. pp. 402. Longman and Co.

THE opening of the work is occupied by a pretty full detail of fifteen cases of bronchocele, which were cured by iodine, in conjunction with purgatives. A tabular view of one hundred and five cases of the same disease, with the general treatment adopted, next presents itself, and a few remarks on some of the most interesting cases concludes the first section. We shall begin by inserting the author's "general abstract," and then proceed to make a few observations on the subject of bronchocele:—

Total number of cases	120
From these deduct four females twice admitted	4
Number of individual cases	116
Males cured	10
Ditto much relieved	1
Ditto discharged for non-attendance	1
Ditto improving under treatment ..	3
Total	15
Females cured	66
Ditto much relieved	9
Ditto without relief	2
Ditto discharged for non-attendance	10
Ditto improving under treatment ..	14
Total	101

Of those designated as "under treatment" in this abstract, eleven were afterwards cured (Appendix). So that set-

ting aside the eleven who were discharged for non-attendance, it would appear, that of the remaining 105, 87 were cured, that 16 were either "much relieved" or "improving under treatment," and that two only were not benefited.

From this it is evident, that although bronchocele is endemial at Nottingham, it yields more readily to medical treatment than in this metropolis, where it is comparatively rare, which can only be explained by supposing, that the causes which produce the disease in whole districts, are not those which produce it in a few individuals of a great population, just as some may be permitted to think that agues amidst the fens of Essex may have one cause, and in London another, although the paroxysms be alike, and the same plan of treatment suffice to remove them. But the analogy with respect to treatment, at least, does not hold with bronchocele, for the remedies which Dr. Manson has employed with so much success at Nottingham, have not equally succeeded here, whence it must be concluded that the diseases of the two places are, for the most part, essentially different from each other. Endemial diseases are most commonly chronic, and therefore constitutional, and cannot be likened to those which spring from other causes, and which casually or rarely occur. Although some external appearances be the same, or the same part be affected, morbid anatomy, if it come to that, will soon convince us that they widely differ. The authorities of Celsus, and Paulus of Ægineta, may be referred to on this point, although little light was thrown on the pathology and causes of bronchocele till Albucasis arose. That ancient surgeon has not only described a variety of diseases, which are now somewhat confusedly included under the common term bronchocele, but has shown that their terminations differ no less widely than the causes which produced them. Tumid necks were observed to be frequent in particular districts, and thus some peculiarity, either in the people themselves, some predisposing agency in their habits, or something in the locality of their habitations, or in the water they drank, was commonly supposed to originate the disease. Hence Juvenal,

Quis tumidum guttur miratur in Alpibus?

But they saw that other causes produced it, though rarely amongst themselves, and carefully distinguished them. Thus Albucasis observes, that Bronchoceles which arose from strains, &c. often terminated in meliceris steatoma, &c. and that they sometimes suppurated. Among the moderns, Walter is the only author who has profited by the writings of the ancients, and he has enumerated four species of bronchocele, viz. the aneurismal, the lymphatic, the schirrous, and the inflammatory. His we take to be a correct view of the subject, and could have wished that Dr. Manson had enabled us to judge to which of these divisions his cases belong. It is true he sometimes, though rarely, favours us with the designations of "*soft*" and "*hard*" (in most instances the latter), and remarks that it is a matter of daily observation with him, "that the *larger* and *harder* the goitre, the more difficult it is to dissipate it, or even to reduce it in size, and *vice versa*."

We suppose Dr. Manson's cases to have been of the lymphatic kind, for he tells us that the predisposition appears to him to be owing to "a natural weakness or laxity of constitution, analogous to what we find in persons who labour under scrofula," and thinks that a disposition to the disease is hereditary, and "that it is occasioned by something in the water commonly used in the place." His treatment will be best illustrated by citing one or two of the cases, and as his preparations of the iodine differ from those ordinarily employed, we shall also subjoin his formulæ.

"*Tinctura Iodini.*

℞ Iodini * ʒi.
Spiritûs Rectificati, † ʒiiss.
Solve, terendo in vase vitreo.

Liquor Iodini.

℞ Potassæ Hydriodatis, gr. xxxvi.
Iodini, gr. x.
Aquæ Destillatæ, ʒx.
Solve, terendo in vase vitreo.

Solutio Iodini.

℞ Potassæ Hydriodatis, gr. xxiv.
Aquæ Destillatæ, ʒi.
Solve, terendo in vase vitreo.

Linimentum Iodini.

℞ Linimenti Saponis Comp. ʒi.
Tincturæ Iodini, ʒi.
Misce.

Unguentum Iodini.

℞ Potassæ Hydriodatis, ʒss.
Adipis Preparatæ, ʒi.
Misce.

The above preparations of iodine have been employed by the names prefixed to

* I have given iodine a neuter termination, to correspond with aurum, argentum, &c., as I am of opinion, that it is as much a metal as potassium or sodium.

† Specific gravity, .916.

them respectively, in my Hospital and private practice, for the sake of brevity, and to prevent mistakes. I again beg to observe, that the tincture of iodine employed in the above researches, is exactly of *half* the strength of that recommended by Dr. Coindet. Should the London College of Physicians think proper to admit iodine into their Materia Medica, I beg leave to observe, that owing to the difficulty of obtaining rectified spirit of the strength employed by the College, I am of opinion, that it would be attended with less inconvenience to practitioners, and would insure a greater uniformity in the strength of the tincture, if it were made with proof-spirit, in the proportion of one drachm of the iodine to five ounces of the spirit. A tincture so formed would be of one-fourth the strength of that employed by Dr. Coindet, and of half the strength of that employed by myself; and, in my opinion, would be better adapted for general use than the stronger tinctures that have hitherto been exhibited; and would be more likely to agree with the greater number of patients than if it were stronger, and less liable to be given in an over dose, which I fear has too often been the case in administering this powerful medicine.

Case 4.—Miss N. æt. 20. May 15, 1821. Born and brought up in Nottingham. Is of a florid complexion, brown hair, rather stout made. Has had a certain degree of bronchocele for seven years; it continues gradually to increase in size, and is hard to the touch. About seven years ago, had a scrofulous ulcer in the left instep, that continued open and discharged for about four years. After the catamenial discharge took place, the ulcer healed, but the foot generally, and particularly the instep, remains much larger and fuller than the other, so that she is obliged to have a shoe made on purpose to fit it, although the ulcer has been healed for three or four years. Has also laboured under a considerable degree of deafness for ten or twelve years, which occasions her to have a vacant look. Is in tolerable health for a person who is almost constantly in the house. Catamenia regular. Bowels only moved twice or thrice in a week.

℞. Pil. cambogiæ comp. ʒi. forma in pilulas xij. quarum sumant. duas omni nocte h. s.

℞. Tæ. iodini ℥ss. capiat gutt. xv. ter in die ex aquæ cyatho vinario.

May 16. The drops last evening made her sick, and she afterwards felt very cold. Bowels costive. Has not taken the pills. Pulse 84, and of moderate strength. Statim capiat pil. cambogiæ, C. gr. x. et post alvi solutionem sumat tæ. iodini guttas x. ter in die ex aqua.

19. Tumour softer, and thinks she can move her head more freely. Cont. pil. aper. et tæ. iodini.

23. Goitre smaller and a great deal softer. Her foot smaller and not so puffy. Drops agree. B. regular. Cont. pil. cambogiæ. Comp. p. r. n. Sumat tæ. iodini gutt. xv. ter in die.

26. The bronchocele continues to diminish in size, and is much softer. The left foot also continues gradually to subside, and she can move her toes much better. Cont. pilul. cambogiæ. C. p. r. n. Sumat tæ. iodini gutt. xx. ter in die ex aqua.

31. The foot measures one inch less at the instep than it did previous to her taking the iodine. The skin is loose and in wrinkles, from the speedy reduction in size, and the parts are much softer. The bronchocele is also much smaller and softer, but, as the measure has been lost, I cannot ascertain the exact diminution. Cont. remed.

June 5. Continues to improve. Cont. remed.

7. Bronchocele has diminished three-quarters of an inch since the 31st of May. Foot no smaller since that time. Cont. remed.

18. Her neck, including the tumour, measures one inch less than on the 31st of May, and the instep also measures a quarter of an inch less since that time. Cont. tæ. iodini et pilul. cambogiæ. comp.

July 7. I have seen the patient occasionally since the last report, without making any notes or alteration in the treatment. The thyroid gland is now very little larger than natural, and her foot is now so much reduced that she can wear shoes that are fellows, which she has not been able to do for the last seven years.

14. There is merely a perceptible fulness of the throat, but it is quite soft, and gives no inconvenience whatever. The feet are now nearly of a size, and she wears shoes of the same dimensions without inconvenience. A most important feature in this case has almost passed without notice—the patient's *hearing* has been restored in nearly a *perfect* degree. Discharged cured.

Case 5.—Mr. N. jun., æt. 22,——Nottingham. 24th June, 1821. Is a brother of the patient whose case has been last detailed. For four or five years has laboured under bronchocele of very considerable magnitude, but *much softer* than any of the size I ever handled. He thinks that the pressure of the tumour on the trachea affects his breathing. Is naturally very

weak, and not in good health, having lately been too much confined to the desk. His mother laboured under bronchocele, and about a year ago died of distinctly marked phthisis pulmonalis. Bowels inclined to be tardy.

Capiat pilæ. cambogiæ comp. gr. v. vel x. omne nocte h. s.

℞. Tæ. iodini ʒss. sumat gutt. xx. ter in die ex aquæ cyatho vinario.

July 3. The bronchocele is nearly dissipated, the skin loose and flaccid. Has got a bad cold, and expectorates a great deal of mucus. P. 100. The iodine was discontinued, being no longer necessary. And the catarrhal complaint was cured in about ten days. Cured."

The remarks at the conclusion of the following cases are worthy of notice.

"Case 6.—Elizabeth Henson, æt. 16, servant, native of Bunny, 5 miles from this town. April 26, 1822. For several years has had a swelling of the thyroid gland, which is now very large, and projects as far out as her chin; when the neck is grasped with one hand and the tumour with the other, the neck does not appear to be above one-third larger than the tumour. Wheezes very much when she walks fast, or ascends a stair, and her breathing is short. Has never menstruated. The tumour is smooth and firm. The gland is very uniformly developed. B. inclined to be tardy.

℞. Pilæ. aloes comp. ʒi. forma in pilulas xij. quarum capiat ij. omni nocte h. s. Sumat tæ. iodini gutt. 15, ter in die ex aquæ cyatho vinario.

April 29. Drops agree. Capiat gutt. xx. tæ. iodini ter in die. Cont. pilulæ aloes C.

May 5. The tumour is not sensibly smaller or softer. B. open from the pills. Capiat gutt. xxx. tæ. iodini ter in die. Continuentur pilulæ.

June 3. The tumour is softer, wheezes less, breathes better. Began to menstruate about three weeks after being under my care. I find she has often omitted to take the drops. Cont. pilulæ. Capiat tæ. iodini gutt. 35 ter in die.

7. The tumour is considerably softer, and a little reduced in size, scarcely wheezes any, and breathes with more ease. Cont. remed.

After this young woman was relieved from the most troublesome symptoms, wheezing, and shortness of breath, I could not get her to persevere in the use of the iodine, and then gave up taking any more notes of her case; but in my occasional professional visits to the family, I had the pleasure to observe, that the tumour continued gradually to become smaller and softer, until November of the same year it had entirely disappeared, without leaving the least vestige of the previous disease. I have met the young woman several times since; the last time was on the 12th of September 1823, and up to that time she had not had the slightest return of the disease, and continued in good health. Cured.

Case 7.—Rebecca Knight, æt. 17, West-street, New Radford, 16th December, 1822. Labours under bronchocele of moderate size. The tumour has, of late, increased very much, and she wishes me to prescribe something to take it down. Has menstruated for two years. General health good; bowels regular. Sumat pil. cambogiæ camp. gr. v. omni nocte et tæ. iodini gutt. xv. ter in die ex aquæ cyatho vinario.

January 9, 1823. The pill moved her too much, and lately has taken one every other night. Drops agree. Tumour softer. Has left the measure at home, so that I cannot ascertain the decrease, if any. Capiat gutt. xx. tæ. iodini ter in die et pilulas p. r. n.

This young woman did not call on me again, because the tumour, I suppose, was not reduced so rapidly as she wished or expected. Being on a visit to a patient in the village where she resided (the 18th of September, 1823), her father came with great joy to inform me, that the tumour in his daughter's throat had entirely disappeared. I called at his house and found the statement to be correct, except that I could just feel a slight degree of fulness and softness, opposite the union of the two lobes, arising from relaxation of the skin, and some loose cellular substance. She informed me, that she took two ounces of the tincture before leaving it off; and that about five months afterwards, the tumour began rapidly to diminish in size, and in three or four weeks, had disappeared as above stated. I have thought it might be useful to detail the two last cases, to show that the effects produced in the system by iodine, continue to operate, even for months, after the medicine has been discontinued. I have observed the same thing to occur in some other cases, in which iodine was exhibited, but, in a much less marked degree."

In some of the cases headache and dizziness were occasioned whenever more than 15 or 16 drops of the tincture were given, and sometimes it produced sickness and disorder of the stomach. One of the patients (a young woman) swallowed by mistake an ounce of the tincture undiluted, which was immediately rejected by

vomiting. No bad effects ensued. We think Dr. Manson's treatment of bronchocele judicious, and we are sure, that in what may be called the lymphatic form of the disease, it will prove successful, but we do not hesitate to say, that in the scirrhous it will not avail.—We do not observe in the author's cases that leeches to the tumour were employed in more than one instance, but his linimentum iodini was occasionally used. He appears to have rarely tried the *unguentum hydriodatis potassæ*, which is often an useful auxiliary to iodine administered internally. In most of his cases the bowels are stated to have been generally costive, and in every instance purgatives were administered. Where bronchocele is combined with amenorrhœa the most suitable purges should of course be selected; or, at all events, the usual emmenagogues should be administered.

We shall now proceed to the second section of the work, which treats of the effects of iodine in paralysis. The first is a case of *paralysis paraplegica*.

"Case 1.—James Watterton, æt. 19, was admitted an in-patient of the General Hospital, near Nottingham, on the 27th of March, 1821. Has been ailing since October, 1819. Says that he was first attacked with pain in the bowels, and griping. After some time the pain left the bowels, and the lower extremities became swelled and painful. His mother put his feet and legs in warm water, and after this, his neck became stiff and painful, and he soon began to be troubled with pains shooting from the neck into the left side of the head (this took place, he thinks, about nine months ago); after the pain had continued for three months, it left him, and has not since returned. Almost immediately on the pain leaving him he lost the power of moving his left arm, and in a short time after the lower extremity of the same side became paralytic. Some time after this, he recovered the use of the left arm in a considerable degree, the lower extremity of the same side remaining paralytic, and the right half of the body, as high as the neck, was seized instantaneously with complete palsy. He has continued ever since in this wretched state, and has been getting worse, he thinks, instead of better, and passes his stools and urine involuntarily. Is pale, and of a slender spare habit. He lies in bed on his back, and is completely palsied on both sides, from the neck downwards, with the exception of the left upper extremity, over which he still has so much power as to be able to raise his hand as high as his chin, but he cannot grasp any thing with that hand. The sense of feeling is very much impaired, but not quite obliterated in the paralytic parts. There is no distortion of the face, and the patient can articulate very well. Is troubled with twitchings in the lower extremities.

March 28. Complains of headache. Bowels not moved for two days. Sumat mist. purgantis ℥iis. quam primum.

29. Remains quite helpless. Bowels moved yesterday by the purging mixture, feels better since, and has had a good night. Skin cool. Pulse small and weak. Bowels open. Capiat Mist. purg. ℥iss. cras primo mane. Applicetur emp. lyttæ parti cervicis posteriori, h. s.

April 2. Blister acted pretty well; for three days the blistered part has been dressed with an ointment having a proportion of blistering plaster mixed with it, and the discharge is copious. Thinks he has rather more command over the left arm, but the other limbs are not better in any degree. Appetite moderate. It appears that the patient had a bloody purulent discharge from both ears, about two years ago, unattended with pain; the left ear continues to discharge a purulent looking matter; the right has not discharged any thing for some time. Cont. mist. purgans.

4. Continues nearly in the same state. The incontinence of urine has existed, without any improvement, since both the lower extremities became paralytic. Bowels are kept regular by the purging mixture. Pulse 84, and soft. Skin cool.

Repetatur mistura purgans pro re nata habeat tincturæ iodini gutt. x. ter in die ex cyatho vinario aquæ.

6 Begins to move the right arm a little, and feels better.

Continuetur mist. purg. p. r. n. Sumat tæ. iodini gutt. xv. ter in die ex aqua.

9. Blister almost healed—to be dressed with Issue Ointment. Can raise the right hand nearly to the head. The power of moving the lower limbs has not improved, but the twitchings have nearly ceased, which shows some increase of muscular power. Pulse 80, and of better strength. When placed in the sitting posture in bed, can support himself better than when admitted. Bowels regular.

Repetatur mist. purg. p. r. n. Habeat tincturæ iodini gutt. xx. ter in die ex aqua.

10. The blister has healed, and the issue ointment was not re-applied. It may be omitted. This morning first recovered the lower extremities, so as to be able to move them a little, and can bend the left leg a little upon the thigh. Has more power over the left arm, and moves it about with greater freedom.

Feels stronger and better. Can hold his urine now so as not to wet the bed.

Continuentur remedia.

14. Continues to improve. On the night of the 10th instant, began to have a considerable degree of pain in the toes of the left foot, shooting towards the heel. The left lower extremity is often spasmodically drawn up towards the body, and the foot is now so exquisitely sensible, that the friction of the toes against the bed clothes is quite insupportable; so that I find him with the foot, and part of the leg, quite uncovered. The pain has broken his rest during the night, since the 10th instant. Can now raise the left hand above his head, and move it about in all directions. Has not made the same degree of improvement on the right side of the body. Takes the purging mixture every second day. Pulse 84, and rather firmer.

Sumat mist. purgantis, ℥iss. alternis matutinis. Capiat tæ. iodini gutt. xxv. ter in die.

16. The paralytic symptoms continue to yield to the powerful influence of the iodine. When his meat is cut he can feed himself with the left hand. Can raise the right hand to the chin, and can draw the right lower extremity up towards the body, and raise it about two inches from the bed. Says that his limbs are stiff from not being exercised—he is directed to move them as much as he can. He continues to hold his water. The perinæum and nates are raw from the former dribbling of the urine. Bowels were rather tardy—has taken a dose of the purging mixture this morning.

Capiat tæ. iodini gutt. xxx. ter in die. Repetatur mistura purgans, p. r. n. Fricetur perinæum linimento camphoræ bis indies. Utatur pediluvio omni nocte, h. s.

18. Continues to recover. Has less pain in the left foot. The left ear continues to discharge a little purulent matter. Pulse 84, and rather stronger. Appetite good. Bowels regular.

Continuentur remedia.

21. Is not so well. Complains of headache; there is a purulent discharge from both ears. Cannot move the right arm so well as he could two days ago. Pulse 96. Ears to be injected daily with tepid water.

Intermittatur tinctura iodini. Cras primo mane capiat mist. purg. ℥iss.

23. The purulent discharge from the ears continues. Head-ache gone. Face flushed. Can move the right arm better than on the 21st of April. Pulse 88, and firmer than on the 18th.

Sumat tæ. iodini gutt. xxx. ter in die et mist. purg. ℥iss. alternis matutinis.

25. Head-ache became more severe yesterday, and it continues. Pulse 100, and firm. Eyes a little inflamed. Bowels open. Less discharge from the ears. Paralytic symptoms, as on the 23d instant.

Intermittatur tinctura iodini. Continuetur linimentum camphoræ. Capiat mist. purg. ℥i. omni mane. Imponatur emplastrum lyttæ parti cervicis posteriori.

28. Blister rose well. Head-ache is relieved. Less discharge from the ear. Complains of an aching pain in the left eye. Cannot use the right arm so well as he lately could. The other extremities are in the same state they were a week ago. Bowels open by the purging mixture. A little strangury yesterday, from the blister. Pulse 96, and soft.

Capiat mist. purg. ℥i. omni mane et tinct. iodini gutt. xv. ter in die ex aqua.

30. Can move the right arm better since last report. Blister has discharged freely—it is nearly healed. The left eye is slightly inflamed and painful. Pulse 88, and soft. Bowels open.

Continuentur remedia. Applicentur hirudines quatuor palpebris sinistris.

May 1. The wounds made by the leeches bled profusely. The inflammation is almost gone, and has very little pain in the eye. Can move the right arm better than he has hitherto done. Bowels very open by the purging mixture. Pulse 80, and soft.

Continuentur medicamenta.

3. Blister healed yesterday. Better, and can raise the right hand as high as the crown of the head. Gets up from his chair without assistance, and can stand holding by a table. Is free from pain in the eye and head-ache. Very little discharge from the ears. Bowels open.

Continuentur remedia.

5. Has more power over the right arm and hand, and can bend and extend the right leg on the thigh, better than heretofore. Yesterday, supported by two men, he walked from his bed-room to the day ward. The left ear discharges a little purulent matter. Appetite good. Feels stronger. Bowels open to-day, but costive yesterday, having omitted the purgative. Pulse 76, moderately full, and soft. The left eye is slightly inflamed, but says he has no pain in it. Sleeps well.

Repetatur mist. purg. p. r. n. Capiat tæ. iodini gutt. xv. ter in die.

7. Walks from his bed-room to the day ward, with very little assistance. Moves the right arm much better. Left eye a little inflamed. Some dulness, and specks in the cornea for eight years.

Continuentur remedia. Applicentur hirudines duæ palpebris sinistris.

9. Continues to improve. Bowels open. The excoriations have healed. His skin being harsh, and rather dry, he is rubbed with the linimentum camphoræ.

Continuetur mist. purg. Capiat tæ. iodini gutt. xx. ter in die.

12. Says he can walk a great deal better this morning. No discharge from the ears. Bowels only moved when he takes the purging mixture.

Continuentur medicamenta.

19. Continues gradually to improve: this morning he walks without any assistance; but a person attends to prevent him from falling, should he lose his balance. He also continues to recover the use of his arms. The left ear discharges a little. Bowels open by art.

Sumat tincturæ iodini gutt. xxv. ter in die.

21. I find him walking with the assistance of a stick to steady himself. Had four stools yesterday. Opacity of the cornea less, and vision considerably improved. No head-ache. Left ear discharges very little, and the offensive smell is gone. Pulse 80, and of moderate strength.

Continuentur remedia.

June 2. Continues gradually to recover the use of all the extremities: the arms he can move in all directions; but complains of want of strength in the right one. The right knee is stiff, but he can bend the leg to nearly a right angle with the thigh. The sense of feeling, also, continues gradually to improve. Bowels not moved, unless by physic.

Capiat mist. purg. ʒiss. omni mane et tæ. iodini gutt. xxx. ter in die. Omittatur linimentum.

4. There is a little discharge from the left ear. Is gradually recovering.

Continuentur remedia.

9. Can walk without a stick, or any one to prevent him from falling. He is gradually recovering the power of motion, and sense of feeling. Drops agree. Appetite good, and is now allowed full diet. A few days ago, I first observed a considerable degree of fulness in the upper and left side of the neck: the part sometimes aches for the space of a minute. Pulse 72, and soft.

Continuentur mist. purg. et tinct. iodini.

13. Wrote his name with a pencil on the 11th instant. Had the misfortune to fall yesterday and hurt the right arm so much, that he cannot raise his hand to his head, on account of pain. Some head-ache last night, after the fall. Bowels open by the mixture. To use a sling to support the arm.

Continuentur remedia. Applicentur hirudines tres partibus dolentibus.

18. I found him this morning walking before the hospital. The leeches relieved the pain in the arm. Complains of stiffness and pain in the right shoulder joint on motion. Does not now use a sling for the arm. Continues to recover.

Continuentur remedia.

23. Cannot move the right arm quite so well as before the accident. For the last three days has been purged four or five times each day without taking the purging mixture. The medicines were omitted, and he has daily taken fifteen drops of tincture of opium to check the diarrhœa.

Cras repetantur remedia ut antea.

25. Bowels regular. Can now walk better with the right than the left lower extremity. The right shoulder joint feels weak since the accident. There is still some swelling and stiffness in the upper and left side of the neck. Has very little discharge from the left ear, and his hearing is not impaired.

Capiat T. iodini gutt. xxx. ter in die et mist. purgantem p. r. n.

℞ Linim. saponis camp. ʒij.
Tinct. opii. ʒij.
Ol. terebinthinæ rect. ʒss.
Misce fiat linimentum quo fricetur humerus affectus mane et hora somni.

30. Shoulder better. Continues to recover. Complains of being weak in the loins.

Continuentur remedia.

July 2. Is gradually recovering flesh and strength. Has the complete use of all his limbs, and the sense of feeling is as perfect as ever. Can walk without a stick, but generally uses one. His right shoulder is nearly recovered from the effects of the contusion. Has written his name with pen and ink this morning; the paper is attached to the cover of the journal kept at the hospital. There is still a little fulness, and at times aching in the left side of the neck. The left ear continues to discharge a serous fluid, with whitish flakes in it, but it is free from any offensive smell. Bowels regular for the last week, without the use of purging medicine. Tongue clean. The speck has nearly disappeared, and he now can see better with the left eye than for the last eight years. He complains chiefly of weakness.

3. Discharged cured.

I think it necessary to remark, that after taking thirty drops of tincture of

iodine thrice a day, for five days, he was attacked with head-ache, and his pulse rose to 96 beats in a minute. The iodine was omitted, the head-ache went off, and in a few days he was ordered thirty drops of the tincture of iodine as before, to ascertain whether the head-ache, and other febrile symptoms, were occasioned by the iodine, or owing to some other cause. In three days, after resuming the use of the iodine, the head-ache was as severe as ever, and the pulse up at a 100. I was now convinced that the dose of iodine was too large, and after omitting it for two days, I ordered 15 drops three times a day, and gradually increased the number of drops, so that they did not afterwards disagree with the patient. From the history of the case, the purulent discharge from the ears, the swelling and stiffness in the neck, and the general appearance of the patient, I have no doubt, that the palsy in this case was owing to scrofulous inflammation, tumefaction, and, perhaps, effusion, by which the spiral cord in the neck was so compressed as to render the parts below it paralytic. But, whatever pathological opinion may be formed of this case, the facts must still remain the same. Having made the above remarks, which I thought necessary, I shall now proceed to give as condensed an account of the remaining cases of palsy, treated by iodine, as I am able, taking care at the same time not to preclude useful information and illustration."

We are not sure that purgatives alone would not have sufficed to cure this man, nor whether, indeed, they did not, but as the case is before our readers we shall say nothing more respecting it. In one case the vapour bath, blisters, and purgatives (the bowels had not been moved for five days) were employed in conjunction with iodine. The patient recovered.

Dr. Manson next favours us with the morbid appearances observed in two cases of this disease, which terminated fatally. Serous fluid was found effused within the theca, which accords with what Bonetus told us long ago.

To facilitate spinal examinations, Dr. M. has been at the pains to describe the method employed in the dead-houses of London, and hopes, "when this easy method of opening the spinal canal shall be more generally known, that inspections of the condition of the spinal column will more frequently take place." We suspect Dr. M. must have settled early at Nottingham; but in order, if possible, to render this method of opening the spine "more generally known," we shall extract the passage:—

"It was accomplished," says he, "in a very short time, by striking each vertebra with a plumber's 'hacking' knife and a hammer, about midway between the spinous process and transverse process on each side. After the first portion of vertebra is got out, it is really surprising with what rapidity the whole canal may be brought into view."—p. 101.

We shall insert one case out of ten of *paralysis hemiplegica*, which were treated with iodine and purgatives.

"Case I.—John Scothern, æt. 56, a labourer, is a remarkably strong made man, five feet ten inches high, formerly a soldier in the 30th Regiment of Foot; admitted an out-patient of the General Hospital the 8th of May, 1821. When in the army, about 18 years ago, had one or two paralytic strokes, which deprived him of the use of the right half of the body, and he was afterwards discharged from the Royal Hospital, at Kilmainham, as unserviceable. He informs me that he long remained in a helpless state, but after the lapse of several years he recovered so much power in the paralytic side as to do a little work, as a labourer, ever since. He first applied to me as a pauper patient, the 18th of April 1821, and I prescribed for him, but not being able to purchase the tincture of iodine, he got recommended as an out-patient of the General Hospital. He complains of great weakness in the whole of the right side of the body, and particularly in the right arm and hand, and the right knee. The right hand shakes very much. The sense of feeling is also very imperfect in the right side. He is much troubled with pain in the occiput and down the back. Swallows and articulates with difficulty, and says that his memory is very bad, and also his hearing. Bowels generally costive and makes urine with difficulty. Pulse 84.

Capiat pil. cambogiæ comp. gr. x. vel xv. hora somni si tarda est alvus.
Sumat tinct. iodini gutt. xx. ter in die ex aqua.

May 18. Has less pain in the back part of the head; walks better, and says his hand does not shake half so much. Pulse 72, and of moderate strength. Bowels are kept open by two pills every night. Has taken no tincture of iodine for four days, the quantity he was supplied with having been all used.

Cont. remed.

25. Says he has more feeling in the paralytic parts, and less pain in the head and all down the back. Makes water with less difficulty. Bowels generally open by two pills at bed-time, but is

sometimes also obliged to take two in the morning. Pulse 72, and soft.

Capiat tæ. iodini gutt. xxx. ter in die.

Sumat pilulas, p. r. n.

June 1. Pain has quite left the head and back. Has more feeling in the paralytic side, and the right hand and arm shake much less; he improves in walking, and he says that his general health is much better.

Cont. pilulæ capiat tæ. iodini gutt. xxx. ter in die.

8. The case continues to proceed favourably. Pulse 64 and moderately full, but soft.

Cont. remed.

22. Continues to recover his health, and his hearing is very much improved. Pulse 62, and as at last report.

August 3. Feels much better. Hand shakes less. Memory better, and he articulates with facility. Is subject to the night mare, when he lies on his back. His urine sometimes runs from him when asleep, but not so often as before he began to take the iodine.

Cont. remed.

24. He continues gradually to recover. He complains of pain at the upper part of the loins and lower part of the back.

Cont. remed. appl. emplast. thuris comp. parti dolenti.

Sept. 14. Says that his right arm feels nearly as strong as the left, but still has a little shake in the right hand and arm. Walks very well. Articulates distinctly and with facility, and hears nearly as well as ever. Plaster relieved the pain in the loins.

Cont. remed.

November 2. The medicines have been continued up to the present time. Except a little shake in the right hand and arm, he has as perfect use of the extremities of the right side of the body as he has of the left. His hearing and memory are both restored, and he can speak as well as ever.

Discharged cured.

Remarks.—This I consider as a very strong case in favour of the remedial powers of iodine in palsy. In most of the recent attacks of palsy, there is a certain natural tendency towards improvement at first, which makes it difficult for the most acute and experienced physician to say how much of the cure is owing to the powers of nature, and how much to the remedies employed; but, in the case I have just detailed, it appears the disease was of eighteen years standing; and after he had recovered, in a certain degree, the sense of feeling and power of motion, so as to labour for his support, it is necessary to remark, that he applied to me when he had experienced a relapse, which nearly deprived him of his hearing, power of speech, and memory, and rendered him unable to make any useful exertion with the right side of the body. Under the use of iodine, not only did he recover the perfect power of speech, the faculty of memory, and the sense of hearing, but he also got the better of the *old* paralytic affection completely, (except a slight shake now and then in the right hand,) so that he is able to follow the laborious employment of getting in coals, which I have frequently witnessed, with great pleasure, in going my rounds in the town. Under all the circumstances of this case, I think the most sceptical, as to the powers of medicine in the cure of diseases, must allow some share of efficacy to iodine in this case, and also in Watterton's, that had resisted all the remedial means previously employed, but readily yielded to the powers of iodine. I may here observe, that Scothern came to my house about the month of April 1824, and informed me, that he did not feel very well, and that he was appresensive that his palsy was going to return, and he wished me to order some of *the medicine* for him, if I approved of his taking it. I accordingly ordered fifteen drops of the tincture of iodine three times a day, and the last time I spoke to him he told me he had taken three half ounces of the tincture, and that he felt perfectly well; and three days ago I saw him walking in the market place of this town, apparently in perfect health. I now proceed to detail other cases, which will confirm what has been advanced as to the remedial powers of iodine in palsy."

We are now arrived at the author's cases of partial palsy, or those in which small parts of the body only were affected. These are often obstinate, and frequently resist every mode of treatment that may be devised. We hope, therefore, that under proper restrictions, the iodine will be tried in some of the anomalous paralytic affections, which are often found in our Hospitals.

"*Paralysis of the Muscles of the right side of the Face.*

Sarah Smith, æt. 19, of Ilkeston, February 15th, 1823. Labours under paralysis of the muscles of the right side of the face; her mouth is considerably drawn towards the left side, and still more so when she smiles; the right eye is then more contracted than the left. Ascribes the paralytic affection to exposure to cold, after being very much heated

by the steam of the wash tub. The paralytic symptoms were observed the morning after she had been washing and exposed to cold. Bowels are generally tardy. In other respects she is quite well.

This young woman was directed to take aperient pills, and the sulphate of magnesia, to keep the bowels open; to foment the right side of the face occasionally, and afterwards to rub it with the strong volatile liniment. She was also directed to take fifteen drops of the tincture of iodine, three times a day, in a glass of water. For some time she took twenty drops of the tincture of iodine, three times a day. This patient was discharged cured the 6th September following.

Remarks.—I find, from my journal, that this patient called on me seven times, and that during the above period, the tincture of iodine was omitted for at least two months. From the long continuance of the paralytic affection in this instance, it is impossible to determine with any degree of certainty, the respective share that nature or art may have had in accomplishing a cure; but candour requires me to state that the tincture of iodine did not appear to me to have any *marked* effect in this case, although it perfectly agreed with the patient. If I had the case to treat over again, I would use the iodine liniment in preference to that employed."

The next is a case of aphonia with general debility, occurring in a patient whose head was of an unusual figure, after two attacks of apoplexy. In this case venesection, leeches, blisters, and purgatives, were at first employed, and afterwards the tincture of iodine. In the author's sixth case, paralysis of the muscles of the left side of the face was treated successfully without the use of iodine, and as the remarks which are appended to it show that Dr. M. judiciously discriminates between those cases in which iodine may be safely tried, from those in which it may not; we shall endeavour to find room for their insertion.

"My reason, says he, for publishing this case along with the others of local palsy, treated with iodine, is to impress on the minds of junior practitioners, into whose hands these researches may fall, that I do not *indiscriminately* employ and recommend iodine for the cure of palsy. In a case like the present, when plethora of the whole system existed in so great a degree, attended with a full strong pulse, morbid determination to the head, and congestion in consequence, to have exhibited a powerful stimulating medicine, such as I know iodine to be, without previous depletion, would have been sealing the death warrant of the patient, by inducing apoplexy, or incurable palsy, which is more to be deprecated than even death itself. If the paralytic symptoms had continued after reducing the fulness and vigour of the system, by bleeding, purging, and low living, &c. I most probably should have exhibited the tincture of iodine internally, in small doses at first, watching its effects on the system; and if any considerable degree of excitement appeared to arise in consequence, I either should have discontinued its use for a time, or have employed general or topical bleeding to counteract the stimulant effects of the remedy. I beg to observe, that vigilance is necessary to obviate or remove any inflammatory disposition that may arise during its exhibition, even in the more chronic forms of palsy; and, generally speaking, the safer plan will be to suspend the use of the iodine until the inflammatory disposition shall have been completely removed by such means as the circumstances of the case may require. I may remark, that I have occasionally found iodine, on its first exhibition, when the dose was too large, to increase the volume of a bronchocele, owing to the stimulant effects of the medicine on the system being too great; and after topical bleeding by leeches, the free use of saline purgatives, &c. and suspending the use of the iodine for a few days, that the cure has afterwards proceeded without interruption, on exhibiting, a *smaller dose*, which must gradually be increased, *if necessary*, according to its effects."

Dr. M. next adverts to the effects of iodine in chorea, "a disease," he remarks, "more nearly allied to palsy than is generally supposed;" in which opinion he has followed Cheyne, with what judgment we shall not pretend to determine. Here, again, in seventy-two cases, (some of which are given in detail, and the remainder in a tabular form) purgatives and a variety of other means were employed, so that it is impossible to determine whether the cures should be attributed to the iodine. In some of the cases it was not employed, the usual means, (carb. ferri. argent. nit. oxid. zinci, purgatives, &c. &c.) having proved successful.

The next section, which is devoted to the effects of iodine in scrofulous enlargements of the conglobate glands, is the last that we can enter upon in detail. In these cases the iodine stands more aloof from other remedies, and the disease too is

one in which, from analogy, it might be supposed to possess some virtues, which, indeed, experience has proved. There may, however, be some fallacy in the following case; for, as our readers will observe, the treatment refers to the summer, a period of the year when scrofulous patients not unfrequently improve under any treatment:—

"Mary Wride, æt. 23, lace mender. Admitted an out-patient of the General Hospital the 1st of April, 1823. For eleven years has laboured under swelling of the conglobate glands in the neck, at the angle of the jaw, and before the ear, on the left side. The glands have now attained a large size, and occasion a considerable degree of deformity. Some of the tumours begin to be painful. The patient informs me, that she has been under the care of different practitioners, and that the late celebrated Mr. Hey, of Leeds, was consulted about ten years ago, respecting her case, but that she derived no benefit from any of the means employed. Her bowels are generally tardy. Hair and eyes dark, complexion swarthy, upper lip thick, and chapped.

Sumat ægra Pil. Cambogiæ Comp. gr. x. vel. xv. omni nocte h. s. Capiat Tæ. Iodini gutt. xx. ter in die ex aqua.

April 18. It requires two pills to keep the body open. She began to take twenty-four drops of the tincture for a dose, on the 4th inst. The glands are rather smaller and softer. The tincture warms her throat and stomach, but does not make her sick. Tongue a little furred.

Cont. remed.

℞ Adipis præparatæ, ʒi.

Tæ. Iodini, ʒi.

M. fiat. Unguentum; fricentur partes affectæ ʒi. unguenti omni nocte h. s.

May 9. Has lately had a slight sore throat, from cold, but is now well. All the glands are very much reduced in size, and are less painful. General health better.

Cont. remed.

23. There is less general swelling, and the glands are more detached and distinct since the tumour has subsided so much. Catamenia regular. Omitted the medicines for three days during the period.

Cont. remed.

June 6. The glands are very much reduced in size. The iodine agrees very well. Says that many persons have told her of her improved looks. Upper lip not so much tumified.

Cont. remed.

20. Is very much confined to the house, and works late. The tumour continues gradually to subside. The upper lip is very much reduced in thickness. Bowels open by the pills and sulphate of magnesia.

Cont. alia.

July 4. The glands have diminished considerably since last report, and her general health continues to improve.

Cont. remed.

18. Has been in the country for fourteen days. The glands have subsided very considerably since last report, although she has taken no medicines.

Cont. remed.

September 19. The swellings are so nearly dissipated, that no deformity is occasioned by the tumefaction that remains. Feels in very good health, and menstruates more copiously than she did when admitted. As the patient attends irregularly, now that she is nearly well, I have ordered her a supply of the medicines to last a fortnight, and have discharged her—Cured."

The remainder of the section is occupied by a detail of several cases of scrofulous ulcers, and ophthalmia, which did well under the use of iodine. In some of these, however, other remedies were interposed. Still there can be no doubt that iodine may be applicable in a variety of diseases which pass under the name of scrofula.

Our space will not allow us to extend our inquiries into the multitude of successful cases which are enumerated under the heads *fistula lachrymalis*, *deafness*, *dysphagia*, *white swelling*, *morbus coxarius*, (in which iodine was the chief remedy) and *distortion of the spine*; nor do we know now that the Doctor's plans of treatment have been so fully developed, that our readers would be much benefited by a further introduction of cases—sufficient has been done to show that iodine is a remedy deserving further trials, and in diseases in which it has not hitherto been employed. Its efficacy, in some species of bronchocele, is unquestionably established, and it is pretty plain that it must act with considerable energy upon the whole system; for, to suppose that it travels to the neck or thyroid gland, and expends its influence there, and there only, is, we think, absurd. It may therefore, with reason, be expected to prove useful in many diseases which have hitherto been treated with mercury. We do not know if it has been employed against those eruptions which are often confounded with syphilis, in which it may probably be useful. The author, we observe, has related a case of lepra which disappeared under its influence. Perhaps the hydriodic acid might be preferable to

the tincture, which is very nauseous, however exhibited; and the iodide of zinc made into pills might be employed in chorea and similar affections. Dr. Manson has had ample opportunities of estimating the effects of iodine in a variety of diseases, and from the quantities of that substance which he has administered, (180 ounces) no doubt can remain of its being perfectly innocuous. His cases are drawn up in a plain and lucid style, and deserve the favourable notice of the profession. The volume might have been rendered smaller without diminishing its value.

FOREIGN DEPARTMENT.

Successful Employment of the Muriate of Gold in Syphilis, by Dr. Benaben.

Dr. Benaben observes, that gold was first used for the cure of syphilis by Antoine Lecoq, a physician of Paris, in the year 1540, at which time the complaint was called in France the Spanish disease. His example was followed by many other physicians, among whom may be distinguished Gabriel Fallopius in 1565; Horatius de Torgau in 1628, and Frederic Hoffmann in 1735. But the preparations, more or less complicated, which were used at these periods, all contained mercury under different forms, except that used by *Pitcairn, of Edinburgh, in 1714, which consisted of pure gold. More recently Dr. Chrestien, has introduced his triple salt of gold, (muriate of gold and soda,) which he employed in frictions upon the tongue. His is the preparation used in the following cases.

Case I.—M. a student in medicine, had contracted syphilis in 1815; he had chancres on the prepuce, and buboes in the groin. These symptoms disappeared under the use of Van Swieten's liquor, and mercurial frictions, and during the three following years he had no reason to suppose that the virus was not eradicated. About the month of February 1818, three hard indolent pimples, appeared on the body of the penis, which subsequently ulcerated and increased to the size of a franc piece. They were surrounded by a livid areola; the bottom of the ulcers was irregular, and of an ash colour, streaked more or less with blood. As these ulcers were attended with nocturnal pains, their nature could not be mistaken; the patient took the muriate of mercury in the form of Van Swieten's liquor regularly for about a month without any sensible benefit; he then left off the use of medicine. Two months after, a sore made its appearance near the velum pendulum palati; the ulcers on the penis continuing in the same state. Disgusted with mercury, M. resolved to try the muriate of gold in the form recommended by M. Chrestien: and he begun with rubbing in the fourteenth part of a grain on the tongue. After taking a grain in this way, he increased the dose to a twelfth and a tenth part of a grain, and before he had taken these, the symptoms improved; this improvement was preceded and followed by copious sweating. The sore in the palati disappeared first, and the ulcers on the penis healed shortly afterwards. He had arrived at his fifth grain in six doses, when the cure was completed, but he continued to take three grains more, each divided into six doses. Some years have elapsed without any return of venereal symptoms.

Case II.—A gentleman travelling in the South of France yielded to the seductions of pleasure, and soon reaped the fruits of his imprudence. Twenty hours after he had cohabited with a female, he observed an excoriation on the prepuce, which was soon followed by chancres, phymosis, violent inflammation, and febrile excitement. These symptoms were relieved by bathing the parts in tepid water, ptisans, low diet, &c., and ultimately all the chancres were healed without the employment of mercury, which indeed the patient refused to take. Shortly after the healing of the chancres, the scars became the seat of a number of warts and excrescences, which continued to sprout up as fast as they were removed by excision and cauterisation. Eight months after, the patient came to Dr. B., on account of a sore in the nostrils, which, upon examination, was found to be venereal. He was at that time under circumstances which rendered it important that the complaint should be concealed, and accordingly Dr. B. gave him ten grains of the triple muriate of gold, divided into different doses of 12, 10, 8, and 6 doses for each grain. The patient, having previously provided himself with a flannel dress covering the body, rubbed in the gold as in the former cases, taking two or three

* Dr. Benaben does not seem to have heard of Mr. Pearson, of Golden-square, whose *attachment to gold* in the cure of syphilis is well known to exceed that of any other practitioner in this metropolis.

glasses a day of a light aromatic infusion. It was rubbed in 16 times before the excrescences disappeared, but the ulcer in the nose was healed on the fifth friction. He continued to take all the gold Dr. B. had given him. He experienced copious sweating, and a very considerable increase of the secretion of urine, which lasted for five or six days during this treatment. Two years have elapsed without any return of venereal symptoms in this case.

Case 3.—Fourteen years ago Mad. B. contracted syphilis; she had buboes in the groin and chancres in the labia. She had been put under a course of mercury several times, but syphilitic symptoms continued to make their appearance. In 1813, her symptoms were, hard indolent sores within the labia, ulcer in the middle of the arch of the palate, and caries of the maxillary bones. This patient took twelve grains of the muriate of gold; one in 14 doses, one in 12, one in 10, two in 16, and 7 in 35. After taking one grain her urine became very abundant, and deposited a mucous substance of a peculiarly sour smell. This lasted for two days, and the secretion of urine continued to be greater than natural during the whole treatment. The medicine acted in this case as a gentle sudorific. The patient got completely well, the ulcer in the palate healed, and there is now no trace of the caries. She was at first incommoded by the suppuration which escaped from the fistulous opening; but towards the middle of the course this ceased, and it is now impossible to distinguish the scar, which is lost in the folds of the arch of the palate.

In conclusion, Dr. Benaben observes, that this is an efficacious and elegant mode of curing syphilis, and especially deserving of the attention of practitioners in cases where the tranquillity of families, or other circumstances, render a secret treatment expedient, as it is by no means necessary to subject the patient to those restraints which are usually imposed upon him during a course of mercury.

INJUNCTION DISSOLVED.

TRIUMPH OF THE MEDICAL PRESS.

Court of Chancery, Monday, Nov. 28, 1825.

THE LANCET.

Mr. Horne said he had a motion to make in the case of "Abernethy *v.* Hutchinson," which he mentioned at the last seal, to dissolve the injunction granted against the defendant, restraining him from continuing to publish, or sell, Mr. Abernethy's Lectures in The Lancet. At the last seal, the learned Gentleman understood that the Solicitor-General, or some other gentleman, was to appear for the plaintiff, to oppose the present motion, but he was *now given to understand, that it was not intended to be opposed* therefore he moved for the dissolution of the injunction, and submitted that he was entitled to his order.

Lord Chancellor. I dissolve the injunction.

We feel confident that this result will be hailed with satisfaction by thousands of our readers, as *the triumph of principle* in a legal struggle, which has been declared by the highest authority in the realm to be one of no ordinary importance, involving, as it did, the rights of Lecturers properly understood on the one hand, and the interests, not so much of a publication, which the Lord Chancellor characterised as one of great utility, as of the whole Medical Profession, and of the public at large on the other. Of our ultimate success in this struggle we never entertained the slightest doubt, and we deem it right, before making any observations on the present occasion, to recal to the recollection of our readers the language which we have uniformly held on this subject, that we may not be supposed to have taken Mr. Abernethy by surprise, or to have relaxed for an instant in our resolute determination to bring this question to an equitable decision.

On the 25th of June the following observations appeared in THE LANCET, after the Report of the Lord Chancellor's judgment, granting the injunction to Mr. Abernethy:—

"Such is the present aspect of this very important case—we say *present*, because we can assure Mr. Abernethy, and his "Hole and Corner" companions, that the contest has not yet terminated, and further, that it shall not, until the highest tribunal in this country has decreed that the practice of publishing the discourses of *Protected Hospital Surgeons* is illegal. —To the House of Lords we are resolved to appeal, but owing to peculiar circumstances, before we can do so, the question must be once more heard in the Court of Chancery. Mr. Abernethy will very shortly have another opportunity of introducing the subject to the notice of that Honourable Court, and it is more than probable he will succeed in obtaining another injunction, for owing to the peculiar constitution of the Chancery Court the real merits of the question, and its most important features, cannot be brought into view. In the House of Lords these difficulties will be effectually superseded by the privilege of being allowed to examine witnesses, and we have evidence of such a nature to adduce, that we are positive it must have the effect of inducing their Lordships to reverse the decision of the Court of Chancery—a decision, as we conceive, opposed to the best interests of the Profession—to the best interests of the Public, and directly hostile to every known principle of policy and justice. We do not wish to be understood in these remarks as casting the slightest imputation on the judicial character of the Lord Chancellor, on the contrary, we believe a more honourable judge never sat upon the bench, and we are fully satisfied that his Lordship believes he has delivered a judgment founded upon the purest principles of equity. Had his Lordship been better acquainted with the facts of this case, there cannot be the slightest doubt that his decision would have been different; and in the *House of Peers*, after our witnesses shall have been examined, we confidently anticipate that his Lordship will stoutly advocate the legality and propriety of publishing the lectures of all *Protected Hospital Surgeons*."

At the commencement of the present medical session, (October 1st,) we again alluded to this subject in the following terms:—

"The proceedings in Chancery on Mr. Abernethy's two motions for an injunction against the publication of his Lectures, though originating in the same spirit as the action at law, are of far greater importance, as they involve a question of deep interest to the public. We again repeat, that we do not claim the right of publishing the Lectures of any individuals, except those who, by an infamous bye-law, have procured for themselves a monopoly of lecturing to students in surgery, and who have thereby excluded the profession and the public from all the benefits of competition. We maintain, that the Lecturers, protected by the regulations of the Court of Examiners, stand in a totally different situation from private Lecturers; that, having declared themselves alone capable of instructing the youth of England in surgery, and having enforced that declaration, by compelling students to produce certificates of attendance on their Lectures, they have no right to claim the protection due to private Lecturers, in order to conceal from the public the manner in which the functions they have monopolized are discharged. *Is it not monstrous that Mr. Abernethy should, by one act, confer upon himself the exclusive right of lecturing as a public functionary,*

and by another claim the protection due to private Lecturers, on the ground of the injury which his reputation or his pecuniary interests sustain from the publication of his Lectures? The question has not yet been fairly argued on this ground, except in our pages, and we are so convinced of the justice of our claim, that we are resolved not only to bring it again before the Court of Chancery, but, if we should be again defeated, to appeal to the highest tribunal in the country."

Again, on the 8th of October, when we published Mr. Abernethy's Introductory Lecture, among the introductory lectures of other *public* hospital lecturers, we observed,—

"Mr. Abernethy stands, we maintain, in a very different situation from private lecturers, and we have no scruple, therefore, in publishing *his* introductory lecture, in order to complete the series, though he may on this, as on former occasions, be inclined to recalcitrate. As a hospital lecturer, independently of the monopoly which he has procured for himself by the College Bye-law, he must abide by the consequences of his situation. We are anxious to bring this question to a fresh hearing, and we are prepared to meet our friend even though he should think fit to invade the retirement of Lord Eldon for a fresh injunction. Mild and gentle as we know Mr. Abernethy to be in all other respects, as a public hospital lecturer, we consider him as much *feræ naturæ* as the partridges which the Lord Chancellor, not having the fear of Richard Martin before his eyes, is now bagging at Encombe."

It will be seen from these extracts, that the part which we have taken in these proceedings has been firm, consistent, and uncompromising, and that no negligence, or *laches* as the lawyers call it, can be imputed to us in the assertion of what we felt to be our rights.—From the very outset we have been anxious to have this question discussed upon *principle*, and not to avail ourselves of any advantage which legal technicalities, unconnected with its general merits, might have afforded us. If, for instance, we had not admitted the minute fidelity, or rather, as Mr. Abernethy has sworn, the identity of our reports with the lectures delivered at St. Bartholomew's Hospital, the whole substratum upon which these proceedings in Chancery were founded would have been taken away, for without such an admission it would be almost impossible, in any case, to *prove* the identity of a report with a lecture *orally* delivered.

This admission of identity on the one hand, and allegation of it as a wrong on the other, are not the least singular features of this case. If Mr. Abernethy could have said to us, "your reports bear *no* resemblance to my lectures; they are *not* a faithful representation of my surgical opinions; the principles which I inculcate, and the language in which I convey them to my pupils are *not* fairly exhibited, and I look in vain in the pages of THE LANCET for the soundness of the one, and the curious felicity of the other," then indeed, might he have complained with some reason of the injury which his reputation and his private professional income were likely to sustain from such a publication. But this was so far from being the ground of Mr. Abernethy's complaint, that "the very head and front of our offending" is the minute fidelity of our reports, nay, their identity with the complainant's own lectures. Mr. Abernethy is not such a Narcissus as to be enamoured with his own likeness, yet he has pined, like Narcissus, ever since he beheld the reflection of his own literary image in THE LANCET. We are guilty, upon Mr. Abernethy's own shewing, not of distorting or misrepresenting his in-

tellectual features, but of exhibiting them with too much truth and fidelity.

The identity of our reports with Mr. Abernethy's lectures was the foundation of all the proceedings in equity; it was the *sine qua non* without which he would have sought to move the Court of Chancery in vain. We admitted the fact of identity; but we denied that the publication of reports agreeing *ipsissimis verbis* with Mr. Abernethy's lectures was an injury. Such a publication could injure Mr. Abernethy only in two ways, either as it affected his *reputation*, or as it affected his *pecuniary interests*.

The question, as it affects Mr. Abernethy's reputation, is easily disposed of; if the publication of faithful reports of his lectures did *not* injure his reputation, this ground of complaint would be taken away; and if such a publication did injure his reputation, then such a Lecturer would be incompetent to fill the situation of a Hospital Surgeon; and we shall see presently that the duties of Hospital Surgeon and Hospital Lecturer are co-ordinate and inseparable, for Mr. Abernethy was not allowed to resign his situation as Hospital Surgeon, without resigning, at the same time, the situation and emoluments of Hospital Lecturer. It is scarcely necessary, we apprehend, to add, that a court of equity would not protect an *incompetent* Hospital Lecturer by granting an injunction against the publication of lectures delivered by him, *qua* Hospital Lecturer; and, if the Lecturer were competent, we have shown that, as far as his reputation is concerned, no allegation of injury could be sustained.

So much for the *reputation* of Hospital Surgeons; and as to injury to their *pecuniary interests*, it is well known to the whole profession that Hospital Surgeons need no protection from a Court of Equity, for they have taken care to *protect themselves*. It is not a matter of choice with students in surgery whether they shall attend the Lectures, or, at least, pay their money for attending the Lectures of Hospital Surgeons; for this attendance, or payment of money is made a *sine qua non*, by a bye-law of the College, enacted by these Hospital Surgeons themselves. This bye-law, which deprives the profession and the public of all the benefit which would arise from competition in teaching anatomy and surgery, we have constantly designated as an infamous enactment, and we will never cease to hold it up to public scorn until we shall have effected its repeal. Let us look for a moment at the mode in which it was passed, and its effects upon professional and public interests. Eight or ten Hospital Surgeons, composing the Court of Examiners, meet together, and agree with marvellous unanimity to this resolution: We are the only persons fit to teach surgery to the youth of England, and to receive the money paid for surgical instruction; therefore no man shall henceforth be admitted by us to practise surgery in England unless he shall produce a certificate of having attended our lectures, or, at any rate, of having paid us the money for such attendance.

No matter what the incompetence—no matter what the negligence of these eight or ten Hospital Surgeons may be, the effect of their own decree is, that any candidate for the privilege of practising surgery, who has paid them for attending their lectures, *may* be admitted—no matter what the talents or qualifications of any candidate, who has not paid them, the effect of the same decree is, that he *shall* be rejected.

It is a maxim, we believe, in equity, that a plaintiff must come into court with clean hands; he must do equity, in order to entitle himself to it. How is this condition fulfilled by a Hospital Surgeon

who first, by his own act, constitutes himself a public functionary for a public purpose, and then seeks, under colour of claiming the protection due to private Lecturers, to deprive the public of the means of judging whether his duties, as a Hospital Surgeon, are properly discharged? The circumstances which distinguished Mr. Abernethy's Lectures from those of a private Lecturer were touched upon in argument, when the case was before the Court, and adverted to in the Lord Chancellor's judgment,—for nothing that is urged in argument ever escapes him; but as the facts were not proved, they could not be judicially noticed. This defect, in our case, was supplied by our affidavit* of last week, which attested the fact of *Mr. Abernethy having tendered his resignation as Hospital Surgeon, which resignation the Governors of St. Bartholomew's Hospital refused to accept, unless Mr. Abernethy resigned, at the same time, the situation and emoluments of Hospital Lecturer.* We formerly stated our conviction, that when the facts of the case came to be laid before the Lord Chancellor, in a shape of which he could judicially take notice, his view of it would be totally altered, and the result has proved that we were right. Mr. Abernethy has not ventured to come into Court to impugn the facts set forth in our affidavit, and those facts have no sooner been properly verified, than the Chancellor has dissolved the injunction. Even on the former occasion, when the *Lord Chancellor* felt himself bound, as the case then stood, to grant the injunction, we believe *Lord Eldon* gave judgment with extreme reluctance against a publication which "appeared to him to be a work of very great utility,"—a work too, in the style of which his Lordship discovered such striking coincidences with the pleasantries of that distinguished '*arbiter elegantiarum*' at the Chancery Bar, Mr. Rose.*

As the Lord Chancellor has delivered his opinion of a Medical Journal, we may, perhaps, be permitted, in our turn, to take a glance at the field of jurisprudence, and to observe, that when we contrast the patient, and at the same time vigilant attention with which the Lord Chancellor listens to and weighs all the arguments that can be urged on both sides of a question, with the crude, hasty, partial, intemperate, and undignified manner in which we have seen a case disposed of in a Court of Law, we believe that the public are not likely to complain of any *arrear* of business in the Common Pleas, and that, whatever may be the defects inherent in the constitution of the Court of Chancery, the public have no reason to be dissatisfied with the manner in which Lord Eldon presides over it.

We cannot conclude without expressing our hope, that Mr. Abernethy has not only seen that any attempt to maintain the Injunction, when the real merits of the case came to be established, would be unavailing, but that he has retired from the contest with a due sense of his errors, and a desire to retrieve any reputation he may have lost in the eyes of the Profession and the Public, by a return to more liberal and enlightened principles. If such feelings have had any influence on his conduct, the best proof he can give of his sincerity will be a zealous co-operation in those measures which we have recommended to the adoption of the Profession, for the

* This affidavit was before the Court six days previous to Mr. Horne's motion.

* "Let this case stand till Friday; and Mr. Horne, I shall have no objection, if you will delight yourself with reading it until that time. There is some good-humoured pleasantry in it. I don't know whether Mr. Rose wrote it, but it is a little in his style."—*Lord Chancellor's Judgment.*

purpose of effecting a complete reform of the Abuses in the College of Surgeons. We can assure Mr. Abernethy, that we would much rather have him for an honourable ally in a sound cause than a feeble opponent in a *curious* one, for the cause of the College of Surgeons is as untenable as that which he has just been compelled to abandon, and, if he should endeavour to uphold it, will infallibly subject him to the mortification of a similar defeat.

MR. SHAW'S OPERATION OF LITHOTOMY.

To the Editor of THE LANCET.

SIR,—Having myself been a severe sufferer by the freedom, or rather by the licentiousness, of the press, I naturally commiserate those to whom injustice has been done by such a powerful engine. No medical man, of humane feelings, can read the account of the "*operation of lithotomy, which proved fatal from hæmorrhage,*" contained in the 115th Number of *The Lancet*, without his pity being roused at the fate of the unfortunate patient, and his sympathy excited for the unfortunate operator, even admitting that the report alluded to was "*a true and faithful account.*" But the reporter confesses his complete uncertainty as to the *real artery* that was divided; his own confession is, that he was "*prevented from being satisfied on that point.*" Besides, his antecedent expression, "*the manœuvre of privately examining the body, and bringing up an injected preparation,*" either forms an insinuation that the preparation was not made from the body of the deceased patient, or demonstrates the hostility of the writer's heart toward Mr. Shaw. Now, Mr. Editor, I am sure that your love of justice and impartiality—your wish to serve the interests of the profession and of the public—your desire to foster and not to crush genius and talent, will, upon mature consideration, call forth your disapproval of *all-sweeping, all-condemning* censure, unless it be founded upon the most scrupulously ascertained facts. I am a total stranger to Mr. Shaw, but have been informed that he is an excellent anatomist, is a surgeon of promising talents, and is much beloved by the pupils of the anatomical class in Windmill Street, as well as by those of the Middlesex Hospital. I have also been told that all the students sympathized with Mr. Shaw on the late melancholy occasion, and that they are convinced that he has been unjustly dealt by on more occasions than the lithotomy case. If this be so, Mr. Editor—and I hope to prove that it is so—you will hasten to redress the wrongs you may have unconsciously done Mr. Shaw, both in public and among the profession. By publishing the following remarks, you will, at least, demonstrate that your conduct is consonant with your professions, that you feel regret when misled by any correspondent, and that truth will ever find you one of her steadiest adherents.

I am informed, that the morning after the patient's death, the parts in the bottom of the pelvis were injected, and then cut out by Mr. Shaw, in the presence of three or four individuals, and that there was "*no hole and corner*" work, before the preparation was shown to between twenty and thirty pupils of the Hospital. I am also assured, that the *divided artery*, from which the fatal hæmorrhage took place, was a branch of the internal pudic artery, *distributed in an unusual manner* across the neck of the bladder; and that this branch, when injected, was as large, or nearly as large, as a goose-quill, and *was not the artery of the bulb*. The operation was performed about one o'clock, and after great loss of blood and consequent prostration of strength, the hæmorrhage *apparently* ceased about three o'clock; but it is very probable, that the vital fluid still flowed internally, as, on dissection, the urinary bladder and the neighbouring parts were found partly filled with coagula, and partly filled with the injection, which had escaped from the mouth of the divided artery.

I know, for a certainty, that the fate of Mr. Shaw's patient, and the report of the operation given in THE LANCET, have excited an intense interest among the surgeons, and even physicians, of London, and indeed throughout the whole country. For their information, and for the sake of humanity, it is of the utmost importance, that *all the truth* should be known, with respect to the case in question. Allow me, therefore, to suggest, that two or three good anatomists take the trouble to examine the injected preparation, make a full report, and send a copy of it for insertion in your columns. If Mr. Shaw's statement, that there was an *unusual distribution* of the arteries, be correct, then your reporter, Mr. Editor, has been guilty of gross calumny; if

not, then Mr. Shaw will have had justice done him. At all events, the fatal case may serve as a beacon to all future operators.

In the above remarks no party spirit has guided my pen. I am not even known to Mr. Shaw; and with the same candour that I have animadverted upon the operation I will openly avow, that I do not think the deceased patient got justice done him in the Middlesex Hospital. I allude more especially to the protracted delay of the operation while the patient's sufferings were most acute. Besides, I cannot be insensible to the extraordinary contrast of the *expressions* in Mr. Shaw's Manual, and the *result* of his operation.

Trusting that the whole affair will soon be completely elucidated, I am, Sir, &c.

IMPARTIALITY.

As the motives by which we are actuated are a sincere desire for truth, and the promotion of medical knowledge, we do not feel the slightest hesitation in giving insertion to the above letter. We approve of the suggestion it contains and hope that the inquiry will in every respect terminate to the satisfaction of Mr. Shaw and his friends.

ABUSES IN THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Circumstances with which it is not necessary to trouble your readers, have delayed the publication of this letter. While, however, the Court of Assistants and Examiners of the College of Surgeons, who are trustees for the members in general, continue to abuse their trusts, and reap the whole of the benefits of the estate, it shall be my fault if they enjoy their ill-acquired wealth in quietness.

Their late bye-law which first induced me to turn my attention to this subject, is one only of the many abuses of power, of which the profession at large have cause to complain. If this were the only one, a writ of mandamus or quo warranto would soon settle the dispute. This bye-law, of which Dr. Armstrong principally complains, requires something more than the signature of Edmund Balfour, the drowsy secretary of the junta, to make it legal. For the 19th of Henry 7, cap. 7. expressly declares, that "corporations shall not pass any bye-law, without the consent of three of the chief officers of State." Whether or not their sanction has been obtained (report whispers 'very lately') I leave the Dr. and Mr. Bennett to determine. But to regard the rescinding of this bye-law as the ne plus ultra to be obtained, is to view the subject in too partial a manner; and the profession in general have, in my opinion, very properly refused to be roused at their call.

——— I'll have grounds
More relative than this.———

The spirit of inquiry which peculiarly distinguishes the members of our profession at the present time, will not allow the extreme old age, indolence, monopolising avarice, and non-capacity of the present Court of Examiners to pass much longer without investigation. The violence of their late proceedings is a symptom of despair. If they think, by rejecting one half of the candidates who apply for diplomas, to make the public believe, that they are capable of judging, who are, or are not proper persons to practise our profession, they had better first learn, "if a hernia in the inguinal canal has, or has not a covering from the cremaster muscle." But where is the necessity, Sir, at their years, of devoting any portion of their time to anatomical pursuits? They hold their places for life, and are quite independent of the rest of the members. A dead body too would smell of ordinary putrefaction, impede digestion, and prevent sleep.

There is a boundary at which men cease to be respectable. It is when (with every means in their power of being useful in their generation, by adding to our stock of scientific knowledge) their public actions are marked with sordid avarice and tyrannical retribution. Even old age must not then expect to meet with anything but scorn, reproach, and insult. They, however, who are lost to the sense of shame, cannot suffer remorse. They have not any punishment to fear beyond the censure of the press.

It is not my intention, Sir, to occupy your pages with empty declamation. How far the Court of the College have deserved these remarks, will be determined by the following statement of facts; which, although not the whole of the charges against them, as I will show here-

after, are quite sufficient, in my opinion, to justify the language of reproach and indignation.

The Court of Assistants were presented by Government with a splendid Museum, well stocked with the materials for the study and advancemen. of Anatomical and Physiological knowledge. If the latter were the object of the liberal donors, when they gave the valuable present, their intention has been entirely frustrated by the College. This Museum is nearly inaccessible for eight months in the year, and is open only the remaining four months during eight hours in the week. And although they have been in possession of this magnificent collection for a great number of years, they have not yet found leisure to furnish even a descriptive catalogue of its contents. If the members of the Court are not qualified for the task, there is a man (whose name in the list is placed just above the beadle's) who is well known to be equal to the undertaking; and there would not be any occasion to put, 'By William Clift,' on the title page. For should such catalogue appear, we shall easily conceive who is the author.

The Court of the College, with a degree of illiberality almost incredible in the present enlightened age, have refused to permit even drawings to be taken of any of the preparations.

The Library, said to be extensive and valuable, has been often promised to be opened to the members of the profession in general, but it has hitherto remained closed to all save the members of the Court. If the auditors' accounts are kept there, the reason is obvious.

They are entrusted by Government with the important duty of determining who are fit persons to practise our profession under the sanction of a diploma; yet what sort of examination must it be, when the superannuated examiners contradict each other, upon anatomical questions, in the presence of the candidates.

By arbitrary and restrictive bye-laws they have endeavoured to secure to themselves and their friends the extensive emoluments derivable from public instruction. And at what time soever they have applied to Parliament for an extension of privileges, or to the Palace for scarlet gowns and maces, the commonalty first hear of the application or grant through the medium of the press.

Since the year 1797, the receipts of the College, upon a moderate calculation, must have exceeded 150,000*l.*, and of this sum 32,000*l.* must have been appropriated to the private use of the Examiners. I suppose, Sir, it was in consequence of this great increase of capital that the College applied to his present Majesty to grant them a new charter; for the mace and scarlet gown were not the only favours obtained. By the charter of the late king, they could not hold lands, tenements, rents, and hereditaments, exceeding, together with the hall or council-house, the yearly value of 1000*l.* Before this time they could not possess more than 200*l.* in the whole. They can now have lands, &c. inclusive of the council-house, or college, to the yearly income of 2000*l.* What a stride for a petty corporation, consisting of twenty-one persons, and some of them octogenarians!

There is not, I conceive, any thing which so much shows the magnitude of the abuses, as the fact, that many of the privileged and recognised—the hospital surgeons, are ready to come forward when the meeting, which is now in contemplation, is called, to form part of a Committee of Inquiry, to consider the best plan to be adopted to obtain redress of our grievances. If my opinion were asked, with respect to the persons who should compose such Committee, my advice is, "that it should be selected from the most respectable members in each division of the Surgical Profession; so that the interest of every member shall be duly consulted and fairly represented." I am apt to be too sanguine upon some occasions; it is, I believe, the same in the intellectual as in the natural world, every man likes best the offspring of his own imagination. If, however, any better way than the above course of proceeding can be pointed out at the general meeting of the Profession, the man who proposes it shall have my best thanks and support.

BRUTUS.

COLLEGE OF SURGEONS IN IRELAND.

To the Editor of THE LANCET.

SIR,—Will you oblige me by informing me, on what grounds the Court of Examiners of the Royal College of Surgeons in Ireland refuse granting letters testimonial to candidates who do not happen to be bound to one of the members of their own body. What induced me to write to you on the subject was, that on reading over their bye-laws, a few days ago, it surprised me to find that no mention is made of a law that certainly re-

flects no credit on the body. If the Court of Examiners of the College in London adopted the same law with regard to pupils bound to Irish Surgeons, we should never have seen the name of their demonstrator under the H's, and many others of that body of less consequence in the eyes of the money-making Cobbers of York-street. For instance, a student bound to an English Surgeon may find it more advantageous to practise in a large city like Dublin, where he may happen to have friends; but by this obnoxious and disgraceful regulation, he is debarred from ever rising to eminence, because no member of that august body will pollute his fame, or violate the twelfth section of their bye-laws, by holding a consultation with a man, a member of a College the Professors of which they imagine they are competent to instruct. If they fear that the Surgeons of the College of London practising in Dublin do not get a sufficiently strict examination on going in for their diploma, why hinder them from going into an examination at York-street? But as long as this law continues it will be a monopoly to some, which will not in any way compensate for the stigma it must cast on the whole body.

I am, Sir,

Yours, &c.

VINDEX.

SIR ASTLEY COOPER'S LECTURES.

To the Editor of THE LANCET.

SIR,—I have been induced by your general desire to benefit Hospital Pupils, to address you respecting the very great difficulty which the students, attending Sir A. Cooper's lectures on surgery, have of gaining admittance into the theatre, from no tickets being demanded at the door. People from all parts of the town quietly take their seats, before the medical lectures delivered at St. Thomas's and Guy's Hospitals are concluded, consequently, many who have paid their entrance money, are obliged to return home without receiving the benefit of Sir A. Cooper's excellent lectures. By noticing this injustice in your valuable publication, you will greatly oblige

A PUPIL.

Borough, Tuesday night, Nov. 22.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Fungoid Disease of the Arm.

There is at this time in the Hospital a singular specimen of fungoid disease; we term it fungoid, on account of its appearance, but it appears to be, in many respects, essentially different from true fungus hæmatodes. The patient has been in the Hospital since the 19th of January, under the care of Mr. Key, and a few months back we gave a sketch of this case; we could say nothing of the treatment, for in fact nothing had been done. It may be useful to recapitulate the leading facts of this interesting case, which are as follows:—

Fourteen years since a swelling appeared in the middle of the upper part of the left fore-arm, which was considered to be aneurismal, (at least we suppose so,) for which the operation of tying the brachial artery was performed, and from which treatment the patient recovered. It happened, however, that about three years since, another swelling made its appearance nearly in the situation of the former.

With this disease the man was admitted into Guy's Hospital, under the care of Sir Astley Cooper, who dissected out the tumour from the muscles of the fore-arm. From this second operation the patient recovered, and in the course of a few weeks was dismissed from the Hospital cured. About twelve months since a small tumour appeared at the original seat of mischief; this tumour was projecting from the upper part of that cicatrix, which had been occasioned by the healing of the wound after the operation of removing the tumour by Sir Astley Cooper.

The disease in the arm presents, at the present period, the following characters: there is a fungoid mass projecting from the middle of the fore-arm, about one-third down. This fungus appears somewhat of *placental* structure, and is unlike that matter which constitutes and distinguishes the true fungus hæmatodes, and which is so admirably described by Hey and J. Burns, (of Glasgow,) as being a soft matter, somewhat resembling the brain, of a greyish colour and greasy appearance, with membranous intersections of the mass. Fungus hæmatodes is also spoken of as being attended

by a peculiarly offensive discharge, and as having a disposition to rapidly increase, neither of which characteristics forms a part of the case under immediate consideration. It has one character in common with the true fungus hæmatodes, namely, in its disposition to hæmorrhage.

The glands in the axilla suppurated a few months since, but this appeared merely to be the effect of irritation, and not from the extension of a malignant disease, for the matter was of a healthy character and the ulcerations healed kindly. In the situation of the brachial artery, somewhat below the middle of the upper arm, an artery could be distinctly felt pulsating, and on the outer side of the arm, just above the external condyle, another artery was perceptible, which could be traced running down to the tumour.

Upon the suggestion of Sir A. Cooper, and in consideration of the tumour having been formerly cured by means of tying the brachial artery, Mr. Key determined upon tying the artery, which we have stated to be in the situation of the brachial. The operation was performed about six weeks since, but the result has not been successful; and indeed it is a fact, somewhat singular, that since this operation, the disposition to hæmorrhage has increased.

About a fortnight since, Mr. Key tied the artery running down on the outer side of the upper arm; it does not appear, however, to have produced any alteration in the tumour. Sir A. Cooper saw the patient a few days since, and he recommended amputation of the arm. Sir Astley remarked, that the patient's appearance indicated that his general health was not at present in a fit state to admit of the performance of the operation, and that if the patient laboured under any thoracic affection, however slight it might appear, then the operation would be altogether highly unjustifiable.

Operation of Lithotomy.

This operation was recently performed at this Hospital by Mr. B. Cooper. The patient was a boy of about fourteen years of age. Mr. Cooper, for the first time, operated with the staff and knife used by Mr. Key.

ST. THOMAS'S HOSPITAL.

Operation for Artificial Pupil.

On Friday Mr. Tyrrell performed this operation. The particulars of the case are as follow:—

John Perryman, a labourer, aged 38, was admitted into the hospital about two months since, with defective vision of the left eye. On examination, the left iris was found so much contracted, that the pupil was not much larger than a pin's head. Through this small opening was seen an opaque capsule, which was adherent to the pupillary margin of the iris. The power of vision in the eye was very indistinct. The patient could perceive the motion of bodies when it was made close to and immediately before the eye, but could not distinguish any particulars as regards the form, shape, or nature of the substances thus presented to him. The right eye has apparently undergone disorganization, the power of vision of course being completely destroyed. The patient informed Mr. Tyrrell, that about four years since he was attacked with acute inflammation in both eyes; during the progress of which the right eye was destroyed, and the left eye left very weak. During the last twelvemonths, the power of vision in the left eye had been gradually becoming more defective, until it had attained its present imperfect state. On the following day, after the patient's admission, Mr. Tyrrell directed the application of belladonna around the eye. This application failed in producing any effect upon the iris. *Two grains of calomel*, with a small dose of opium, were given three times a day, until profuse ptyalism was excited; afterwards, a slight mercurial action was kept up in the system for several weeks. Vision was not at all improved, nor was there any change in the appearance of the eye, the iris continuing contracted, and the capsule of the lens opaque. Finding that no relief could be obtained by submitting the constitution to the action of mercury, Mr. Tyrrell determined upon operating for artificial pupil, having first explained to the patient, that the operation was hazardous, inasmuch as inflammation might succeed, which would destroy that slight power of vision which still remained. The poor man, however, was anxious to have the operation performed. It was completed by first making an opening in the cornea with a knife, then excising a triangular portion of the iris by means of scissars, and breaking down the cataract, so as, in

fact, to perform, at the same time, the operation of solution. After the operation, Mr. Tyrrell explained to the pupils the nature of the case, and stated that his prognosis was exceedingly unfavourable. The after-treatment of the case (he remarked) would be similar to that employed in the operation for cataract.

ST. BARTHOLOMEW'S HOSPITAL.

Morbid Anatomy.

An immense gall stone, somewhat resembling an acorn in figure, an inch and a half in diameter, and two inches in length, was shown the class by Mr. Stanley. The outline of the case was as follows:—An elderly gentleman was seized with vomiting, which was, at the time, attended with obstinate constipation. These symptoms continued for three days, and resisted all the means employed for their removal. On minutely examining the abdomen, a small tumour was discovered a little above the umbilicus in the linea alba. It was thought this might be a small strangulated ventral hernia, and an operation was, in consequence, performed, although, at the time, a doubt was expressed whether the extreme urgency of the symptoms could proceed from such a cause. On cutting into the sac it was found to contain merely omentum, and that not strangulated, although, before the operation, it could not be reduced. The tendinous sheath of the rectus, which formed the stricture, was carefully divided, and the portion of omentum returned. The primary symptoms still continued, and the patient survived the operation only 30 hours. Examining the abdomen, a large hard body, about the size of a walnut, was felt in the lower part of the jejunum, and on dividing the intestine, it was discovered to be the gall stone above described. At the termination of the *ductus communis choledochus, in the duodenum, a large cavity* had been formed, in which this stone must have been lodged for years, and acquired its present size, but had subsequently ulcerated, and permitted the escape of the stone into the intestine, for the cystic and hepatic ducts were not much larger than ordinary, but were considerably ulcerated and matted together. Mr. Stanley said, he considered the stone in the jejunum to have forced the portion of omentum opposed to it with so much firmness against the paries of the abdomen, as to occasion its rupture, and thus produce the hernia before alluded to.

Between twenty and thirty small white pulpy bodies, somewhat resembling melon seeds, some oblong, others round and flattened, from the size of a pin's head to a moderate pea were next exhibited. They had been contained within a small tumour about the size of a walnut, which had formed on the little finger. On cutting into the tumour, some fluid escaped, and then these little substances which were contained within the theca. Notwithstanding the theca had necessarily been wounded, no unfavourable symptoms occurred, and the patient did well. Mr. Stanley observed, it was not an uncommon occurrence to meet with these curious kind of formations within the bursæ as well as the thecæ.

The next specimen of morbid anatomy, taken from a subject in the dissecting-room, was an enormous enlargement of the aorta, situated at the convexity of the arch. The sac was large enough to admit the fist in it. The aorta was, at the same time, considerably diseased, the coats being of a soft, caseous consistence. This pasty state of the coats of the aorta, Mr. Stanley observed, is almost invariably found in cases of enlargement of that vessel.

Mr. Stanley said he held in his hand three small tumours; the largest was removed from the inferior border of the pectoralis major muscle, and it had a hard circumscribed feel. As it occasioned some pain and inconvenience, he was requested to extirpate it. After dissecting down to it, he found the mammary gland indurated, and two small tumours were now felt deep seated in the axilla, which, on examining this part previous to the operation, were *not detected*. It now became necessary to dissect most cautiously through the course of the gland to the tumour, and this he did with the handle of the knife, fearing, lest from the proximity of the axillary vessels, and particularly the vein, that either might be wounded, and alarming hæmorrhage be the consequence. Mr. Stanley stated, that had he known the disease to have been so extensive, he certainly would not have undertaken the operation. A careful examination was made of these tumours, and, from their nature, consisting of ligamentous bands proceeding from the centre to the circumference, in conjunction with great hardness, he had not the slightest hesitation in pronouncing them to be true specimens of carcinoma.